


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F03000003490 1. Entity Name SYNERGY TELECOM SERVICE CO., INC.	
--	---

Principal Place of Business 12126 EL SENDERO SAN ANTONIO, TX 78233	Mailing Address 12126 EL SENDERO SAN ANTONIO, TX 78233
--	--

DO NOT WRITE IN THIS SPACE

06152005 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0601277	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS, INC.
515 East Park Avenue
Tallahassee, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Patricia Tadlock* **Patricia Tadlock, Asst. Secretary** 6-20-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CRAWFORD, JOHN H 5803 PINE COUNTRY SAN ANTONIO, TX 78233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SLAUGHTER, CHARLES III 8110 ROBIN REST SAN ANTONIO, TX 78209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLAUGHTER, SUSAN M 8110 ROBIN REST SAN ANTONIO, TX 78209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

700056488487
06/24/05--01004--002 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Christina Sanchez* 6/15/05 210 5997743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #