


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90002 006 ***550.00

DOCUMENT # F03000003897					
1. Entity Name SYNOVUS INVESTMENT ADVISORS, INC.					
Principal Place of Business 1234 FIRST AVENUE COLUMBUS GA 31901			Mailing Address P.O. BOX 120 COLUMBUS GA 31902-0120		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0077553	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			Name: <u>John Gross</u> Street Address (P.O. Box Number is Not Acceptable): <u>125 W. Romana Street Suite 224</u> City: <u>Pensacola</u> FL Zip Code: <u>32502</u>		
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: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <u>8-16-2006</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		
9. Election Campaign Financing			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE C NAME PERKINS, WILLIAM G STREET ADDRESS 1234 FIRST AVENUE CITY - ST - ZIP COLUMBUS GA 31901	<input checked="" type="checkbox"/> Delete		TITLE Chairman NAME Jeffrey Barton Singleton STREET ADDRESS 2301 Hwy 230 Bldg 3 Suite 400 CITY - ST - ZIP Birmingham, AL 35223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME MALLARD, A. DANIEL STREET ADDRESS 1234 FIRST AVENUE CITY - ST - ZIP COLUMBUS GA 31901	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Frederick Mann STREET ADDRESS 3060 Peachtree Rd N.W. Suite 225 CITY - ST - ZIP Atlanta, Ga. 30305	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WILLIAM, ROACH H STREET ADDRESS 3060 PEACHTREE ROAD, NW SUITE 225 CITY - ST - ZIP ATLANTA GA 30305	<input type="checkbox"/> Delete		TITLE CEO NAME William Roach STREET ADDRESS 3060 Peachtree Rd NW Suite 225 CITY - ST - ZIP Atlanta Ga. 30305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WHIPPLE, PATRICIA L STREET ADDRESS 1234 FIRST AVENUE CITY - ST - ZIP COLUMBUS GA 31901	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Chris Holstein STREET ADDRESS 1234 FIRST AVE CITY - ST - ZIP COLUMBUS, Ga. 31901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME USSERY, TEDDIE L STREET ADDRESS 1111 BAY AVENUE FIFTH FLOOR CITY - ST - ZIP COLUMBUS GA 31901	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME KANE, AMANDA L STREET ADDRESS 1234 FIRST AVENUE CITY - ST - ZIP COLUMBUS GA 31901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>L. Angela Wills</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>8-16-06</u> Daytime Phone #: <u>706</u>		