

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H76404

FILED
Mar 23, 2004
Secretary of State

Entity Name: SYNERGY PRINTING AND GRAPHICS, INC.

Current Principal Place of Business:

2831 NEW 22ND TERRACE
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

2831 NW 22ND TERRACE
POMPANO BEACH, FL 33069 US

New Mailing Address:

FEI Number: 59-2581861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, NORMAN
C/O SYNERGY PRINTING & GRAPHICS
2831 NW 22ND TERRACE
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOFFMAN, BARBARA
Address: 12041 NW 49TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: S () Delete
Name: HOFFMAN, NORMAN
Address: 12041 NW 49TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP () Delete
Name: PROCTOR, PHILLIP
Address: 4919 EGRET COURT
City-St-Zip: COCONUT CREEK, FL 33073

Title: ?? () Delete
Name: NONE, NONE
Address: 2931 NW 22ND TERRACE
City-St-Zip: POMPANO BEACH, FL 33069

Title: ?? () Delete
Name: NONE, NONE
Address: 2831 NW 22ND TERRACE
City-St-Zip: POMPANO BEACH, FL 33069

Title: T () Delete
Name: ZENKER, STEVEN
Address: 11250 HERON BAY BLVD #1522
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA HOFFMAN

P

03/23/2004

Electronic Signature of Signing Officer or Director

Date