

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J53653

FILED
Feb 12, 2004
Secretary of State

Entity Name: SYNERGISTIC SOFTWARE SYSTEMS, INC.

Current Principal Place of Business:

442 B NORTH THIRD STREET
NEPTUNE BCH, FL 32266 US

New Principal Place of Business:

Current Mailing Address:

442 NORTH 3RD STREET
SUITE 400
NEPTUNE BEACH, FL 32266 US

New Mailing Address:

FEI Number: 59-2755750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILAM & HOWARD, P.A.
50 N. LAURA STREEET
SUITE 2750
JACKSONVILLE, FL 32202

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: WINTRODE, LEE
Address: 442 3RD STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: VP () Delete
Name: REED, JAMES
Address: 442 3RD STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: S () Delete
Name: STRENTA, JODI W
Address: 442 THIRD ST
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: VP () Delete
Name: LEE, DAVID
Address: 442 THIRD ST
City-St-Zip: NEPTUNE BEACH, FL 32266

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:

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: LEE WINTRODE

P

02/12/2004

Electronic Signature of Signing Officer or Director

Date