

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L47011

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: SYNERGISTIC SYSTEMS PRODUCTS, INC.

## Current Principal Place of Business:

C/O MICHAEL T. JACKSON  
6829 SW 13TH ST.  
PEMBROKE PINES, FL 33023

## New Principal Place of Business:

## Current Mailing Address:

C/O MICHAEL T. JACKSON  
6829 SW 13TH ST.  
PEMBROKE PINES, FL 33023

## New Mailing Address:

FEI Number: 65-0170456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACKSON, MICHAEL T.  
6829 SW 13TH ST.  
PEMBROKE PINES, FL 33023

## 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: PD ( ) Delete  
Name: JACKSON, MICHAEL T.,  
Address: 6829 SW 13TH ST.  
City-St-Zip: PEMBROKE PINES, FL

Title: DVS ( ) Delete  
Name: JACKSON, SUSAN, J.,  
Address: 6829 SW 13TH ST  
City-St-Zip: PEMBROKE PINES, FL

Title: DVS ( ) Delete  
Name: DEROUSSEAU, MICHAELA A  
Address: #1 S.W. HIGH DRIVE  
City-St-Zip: OTTAWA, KS 66067

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: JACKSON, MICHAEL T.,  
Address: 6829 SW 13TH ST.  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: DVS (X) Change ( ) Addition  
Name: JACKSON, SUSAN, J.,  
Address: 6829 SW 13TH ST  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: DV (X) Change ( ) Addition  
Name: DEROUSSEAU, MICHAELA A  
Address: #1 S.W. HIGH DRIVE  
City-St-Zip: OTTAWA, KS 66067

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: MICHAEL T. JACKSON

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01/06/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date