2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State
01-20-2004 90080 049 ****61.25

DOCUMENT # N00000007308

1. Entity Name
S4P SYNERGY, INC.

Principal Place of Business	Mailing Address
312 PELHAM ROAD FT WALTON BEACH, FL 32547	PO BOX 4214 FT WALTON BEACH, FL 32549

01132004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
24 Bass Avenue SW	P.O. Box 16026
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Walton Beach, Florida	City & State: Fort Walton Beach, Florida
Zip: 32548 Country: US	Zip: 32549 Country: US

4. FEI Number 59-3676322 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOLDIN, LARRY N 804 FOREST COVE MARY ESTHER, FL 32569	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C BOLDIN, LARRY 804 FOREST COVE COURT MARY ESTHER, FL 32569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Buchanan, Arica 118 Woodbine Circle Fort Walton Beach, Florida 32548	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MACK, LIN A 703 OVERBROOK DR. FT WALTON BEACH, FL 32547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Latham, DeAndre 7203 Zoe Circle Navarre, Florida 32566	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PATRICK, LISA 296 ECHO CIRCLE FT WALTON BEACH, FL 32548	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Boldin, Jenett 804 Forest Cove Court Mary Esther, Florida 32569	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT JACKSON, JESSIE M 9 11TH STREET SHALIMAR, FL 32579	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Meriweather, Stephen 1971 Chesapeake Ridge Fort Walton Beach, Florida 32547	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TORRY, GREGORY 123 PALMETTO AVE MARY ESTHER, FL 32569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Wyatt, Valerie 1829 Hunters Path Fort Walton Beach, Florida 32547	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WYATT, VALERIE 2811-3 BRADFORD PLACE FT WALTON BEACH, FL 32547	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Patrick, Lisa 296 Echo Circle Fort Walton Beach, Fl 32548	☒ Change ☐ Addition

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 617, 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: _____ 1/19/04 (850)862-3899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

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24008702

[redacted]

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MACK, LIN A 703 OVERBROOK DR. FT WALTON BEACH, FL 32547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PATRICK, LISA 296 ECHO CIRCLE FT WALTON BEACH, FL 32548	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #