

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000079935

Entity Name: SOMATIC SYNERGY, INC.

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3576 ST. JOHNS AVE.  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

3576 ST. JOHNS AVE.  
JACKSONVILLE, FL 32205

**New Mailing Address:**

FEI Number: 59-3669237

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BANKS, COLLEEN  
2011 GIBSON ROAD  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

PETERSON, LYNN  
3845 OAK STREET  
JACKSONVILLE, FL 32205 US

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: LYNN PETERSON

03/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PETERSON, LYNN  
Address: 3845 OAK STREET  
City-St-Zip: JACKSONVILLE, FL 32205

I hereby 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 all other like empowered.

SIGNATURE: LYNN PETERSON

D

03/09/2011

Electronic Signature of Signing Officer or Director

Date