

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90415 037 \*\*\*150.00

**DOCUMENT # P00000081906**

1. Entity Name  
**SYNERGY AUTOMATION INC.**



Principal Place of Business  
**4306 BAYSIDE VILLAGE DR STE 203  
TAMPA, FL 33615**

Mailing Address  
**4306 BAYSIDE VILLAGE DR STE 203  
TAMPA, FL 33615**

**50012988**

2. Principal Place of Business  
**1275 MORTOLA DR NE**  
Suite, Apt. #, etc.

3. Mailing Address  
**1275 MORTOLA DR NE**  
Suite, Apt. #, etc.



04052006 Chg-P CR2E034 (11/05)

City & State  
**ST PETERSBURG FL**  
Zip  
**33702**  
Country  
**PINELLAS**

City & State  
**ST PETERSBURG FL**  
Zip  
**33702**  
Country  
**PINELLAS**

4. FEI Number  
**59-3665875**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SAARIKKO, CHRISTER  
4306 BAYSIDE VILLAGE DR #203  
TAMPA, FL 33615**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME **P SAARIKKO, CHRISTER** ☐ Delete  
STREET ADDRESS **43063 BAYSIDE VILLAGES DR #203**  
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS **1275 MORTOLA DR NE**  
CITY-ST-ZIP **ST PETERSBURG, FL 33702**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: Chris Saarikko  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/06** **913-28-7525**  
Date Daytime Phone #