

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90009 018 \*\*\*158.75

DOCUMENT # P00000098185

1. Entity Name

SYNERGY HEALTH & FITNESS STUDIO, INC.



Principal Place of Business

2825 BUSINESS CTR BLVD  
SUITE B9  
MELBOURNE FL 32940

Mailing Address

2955 PINEDA CAUSEWAY #201  
MELBOURNE FL 32940



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2825 Business Center Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B9

City & State

City & State

Melbourne FL

Zip

Country

Zip

Country

32940

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number

59-3679674

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

RIVERS, DAVID  
2825 BUSINESS CENTER BLVD  
SUITE B9  
MELBOURNE FL 32940

Name

DAVID RIVERS

Street Address (P.O. Box Number is Not Acceptable)

2825 BUSINESS CENTER BLVD

SUITE B9

City

MELBOURNE

FL

Zip Code

32940

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

1/23/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RIVERS, DAVID 2825 BUSINESS CENTER BLVD SUITE B9 MELBOURNE FL 32940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/07 (321) 752-5258