

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000013339

FILED
Apr 30, 2007
Secretary of State

Entity Name: SYNERGY GROUP & ASSOCIATES, INC

Current Principal Place of Business:

15841 PINES BLVD #321
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

15841 PINES BLVD #321
PEMBROKE PINES, FL 33027

New Mailing Address:

P.O. BOX 773001
OCALA, FL 344773001

FEI Number: 73-1633978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

S, MEREDITH
15841 PINES BLVD #321
PEMBROKE PINES, FL 33027 US

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: P () Delete
Name: MEREDITH, S E
Address: 15841 PINES BLVD #321
City-St-Zip: PEMBROKE PINES, FL 33027

Title: V () Delete
Name: MEREDITH, M I
Address: 15841 PINES BLVD #321
City-St-Zip: PEMBROKE PINES, FL 33027

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MEREDITH, S E
Address: P.O. BOX 773001
City-St-Zip: OCALA, FL 344773001

Title: D (X) Change () Addition
Name: MEREDITH, M I
Address: P.O. BOX 773001
City-St-Zip: OCALA, FL 344773001

Title: D () Change (X) Addition
Name: MEREDITH, STEVE
Address: 4425 SW 106 PLACE
City-St-Zip: OCALA, FL 34476

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARTHA MEREDITH

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date