

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000013339

FILED  
Apr 30, 2008  
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:

13350 SW 1ST ST  
P-114  
PEMBROKE PINES, FL 33027

## Current Mailing Address:

P.O. BOX 773001  
OCALA, FL 344773001

## New Mailing Address:

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:

S, MEREDITH  
13350 SW 1ST ST  
P-114  
PEMBROKE PINES, FL 33027      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: \_\_\_\_\_

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SCOTT EDWARD MEREDIT, H REVOCABLE TR U ST U/A  
Address: P.O. BOX 773001  
City-St-Zip: OCALA, FL 344773001

Title: D (X) Change ( ) Addition  
Name: MARTHA ISABEL MEREDI, TH REVOCABLE T R UST U/A  
Address: P.O. BOX 773001  
City-St-Zip: OCALA, FL 344773001

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 I MEREDITH

MAN

04/30/2008

Electronic Signature of Signing Officer or Director

Date