

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 04, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000057335

1. Entity Name

SYNERGY ENTERTAINMENT, INC.



Principal Place of Business

**2851 US 19
HOLIDAY, FL 34691**

Mailing Address

**2851 US 19
HOLIDAY, FL 34691**



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2042707 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAUDILL, VICTOR
7608 CYPRESS KNEE DR.
4TH FLOOR
HUDSON, FL 34667**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME CAUDILL, VICTOR
STREET ADDRESS 2851 US 19
CITY - ST - ZIP HOLIDAY, FL 34691

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U00000360485
05/05/05-80034-019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Victor B Caudill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #