

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90014 036 ***150.00

DOCUMENT # P02000075842

1. Entity Name
SYNERGY TRANSPORT, INC.



Principal Place of Business
**P O BOX 2088
DADE CITY, FL 33526**

Mailing Address
**PO BOX 2088
DADE CITY, FL 33525**

94010315



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292004

Chg-P

CR2E034 (10/03)

4. FEI Number

05-0542183

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

**JAIN, SANJIV
40234 TOWNSEND RD
DADE CITY, FL 33525**

Name

JAIN, SEEMA

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

40234 TOWNSEND ROAD

City

Dade City

FL

Zip Code

33526

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.

Seema Jain

(NOTE: Registered Agent signature required when reinstating)

1/29/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **V** ☒ Delete
NAME **JAIN, SEEMA**
STREET ADDRESS **40284 TOWNSEND RD**
CITY-ST-ZIP **DADE CITY, FL 33525**

TITLE **P** ☒ Delete
NAME **SEEMA, JAIN**
STREET ADDRESS **40234 TOWNSEND RD**
CITY-ST-ZIP **DADE CITY, FL 33525**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **JAIN, SEEMA**
STREET ADDRESS **P.O. BOX 2088**
CITY-ST-ZIP **Dade City, FL 33526**

TITLE **VICE-PRESIDENT** ☒ Change ☒ Addition
NAME **JAIN, SEEMA**
STREET ADDRESS **P.O. BOX 2088**
CITY-ST-ZIP **Dade City, FL 33526**

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Seema Jain

1/29/04

DATE

352-567-5098

DAYTIME PHONE #