

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000075842

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** SYNERGY TRANSPORT, INC.

**Current Principal Place of Business:**

40234 TOWNSEND RD  
DADE CITY, FL 33525

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2088  
DADE CITY, FL 33526

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JAIN, SANJIV  
40234 TOWNSEND ROAD  
DADE CITY, FL 33637 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

**OFFICERS AND DIRECTORS:**

Title: P,S  
Name: JAIN, SANJIV  
Address: 40234 TOWNSEND ROAD  
City-St-Zip: DADE CITY, FL 33525 US

I hereby 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 all other like empowered.

SIGNATURE: SANJIV JAIN

PRES

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date