

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90002 042 ***550.00

DOCUMENT # P04000096434

1. Entity Name
SYNERGY DESIGN & ENGINEERING, INC.



Principal Place of Business
**2811 INDUSTRIAL PLAZA DR
TALLAHASSEE, FL 32301**

Mailing Address
**2811 INDUSTRIAL PLAZA DR
TALLAHASSEE, FL 32301**

50021759



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1296629

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMPSON, SUSAN S
3520 THOMASVILLE RD 4TH FL
TALLAHASSEE, FL 32309**

7. Name and Address of New Registered Agent

Name **MEHRDAD GHAZVINI**
Street Address (P.O. Box Number is Not Acceptable)
2811 E INDUSTRIAL PLAZA DR.
City **Tallahassee** FL Zip Code **32301**

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

07-05-06

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GHAVINI, MEHRDAD**
STREET ADDRESS **2811 E INDUSTRIAL PLAZA DR**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

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

TITLE **D** ☐ Delete
NAME **PHELPS, MARK C**
STREET ADDRESS **2811 E INDUSTRIAL PLAZA DR**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE ☒ Change ☐ Addition
NAME **PHELPS, MARC C**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 exemptions contained 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 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

Date

Daytime Phone #

07-05-06

850-942-2909