

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000156729

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** SYNERGY INSURANCE CONSULTING, INC.

**Current Principal Place of Business:**

14916 61ST CT N  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

10130 NORTHLAKE BLVD  
SUITE 214-219  
WEST PALM BEACH, FL 33412

**New Mailing Address:**

**FEI Number:** 20-2084685

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BINGHAM, ROSE G  
14916 61 CT N  
LOXAHATCHEE, FL 33470 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: PVST  
Name: BINGHAM, ROSE  
Address: 14916 61ST CT N  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D  
Name: BINGHAM, ROSE  
Address: 14916 61ST CT N  
City-St-Zip: LOXAHATCHEE, FL 33470

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: ROSE BINGHAM

PVST

04/28/2012

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

\_\_\_\_\_  
Date