

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000043042

FILED
Apr 24, 2009
Secretary of State

Entity Name: SYNERGY INSURANCE SPECIALISTS, INC

Current Principal Place of Business:

3850 NW 104TH AVE
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

3850 NW 104TH AVE
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 41-2277736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARLOTTA, CRAIG L
1239 HILLSBORO MILE
APT. # 403 A
HILLSBORO MILE, FL 33062 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARLOTTA, CRAIG L
Address: 1239 HILLSBORO MILE APT. # 403 A
City-St-Zip: HILLSBORO BEACH, FL 33062 US

Title: VP () Delete
Name: MASH, HOWARD L
Address: 3850 NW 104TH AVE
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: SEC () Delete
Name: LEPRIMO, RONALD
Address: 22141 CALDERA AVE
City-St-Zip: BOCA, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CRAIG ARLOTTA

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date