2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

DOCUMENT# P08000043042

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:

2080 GREENVIEW SHORES BLVD
419
WELLINGTON, FL 33414 US

Current Mailing Address:

3850 NW 104TH AVE
CORAL SPRINGS, FL 33065 US

New Mailing Address:

2080 GREENVIEW SHORES BLVD
419
WELLINGTON, FL 33414 US

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
2080 GREENVIEW SHORES BLVD
APT. # 419
WELLINGTON, FL 33414 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
Name: ARLOTTA, CRAIG L
Address: 2080 GREENVIEW SHORES BLVD
City-St-Zip: WELLINGTON, FL 33414 US

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

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

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: CRAIG ARLOTTA P 03/15/2011

Electronic Signature of Signing Officer or Director Date