

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000093692

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** SYNERGY INSURANCE SERVICE GROUPS INC.

**Current Principal Place of Business:**

7752 PLANTATION CIRCLE  
UNIVERSITY PARK, FL 34201 US

**New Principal Place of Business:**

**Current Mailing Address:**

7752 PLANTATION CIRCLE  
UNIVERSITY PARK, FL 34201 US

**New Mailing Address:**

**FEI Number:** 45-3687959

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS COURT  
SUITE A  
TAMPA, FL 33612 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: HATFIELD, BRIAN  
Address: 7752 PLANTATION CIRCLE  
City-St-Zip: UNIVERSITY PARK, FL 34201 US

Title: T, D  
Name: HATFIELD, BRIAN  
Address: 7752 PLANTATION CIRCLE  
City-St-Zip: UNIVERSITY PARK, FL 34201 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: BRIAN K HATFIELD

PRE

04/13/2012

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

\_\_\_\_\_  
Date