


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P9300Q055856
 1. Entity Name
SYNERGY SECURITY CLOSURES CORPORATION



Principal Place of Business
**5007 NORTH COOLIDGE
 TAMPA, FL 33614**

Mailing Address
**5007 NORTH COOLIDGE
 TAMPA, FL 33614**

DO NOT WRITE IN THIS SPACE



09022004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3194338 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**JUNCO, BENITO III
 5007 COOLIDGE
 TAMPA, FL 33614**

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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: *Charles G Spero* **Charles G Spero CEO** 09/10/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JUNCO, BENITO III C/O 5007 COOLIDGE TAMPA, FL 33614 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO SPERO, CHARLES G 6624 REEF CIRCLE TAMPA, FL 33625 |
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 09/17/04-80005-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Charles G Spero* **Charles G Spero** 09/10/04 838752511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #