

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000039426

1. Corporation Name  
SYNERGY FINANCIAL SYSTEMS, INC.

Principal Place of Business

5201 W KENNEDY BLVD  
#750  
TAMPA FL 33609  
US

Mailing Address

5201 W KENNEDY BLVD  
#750  
TAMPA FL 33609  
US

2. Principal Place of Business

21 7028 W. WATER

Suite, Apt. #, etc.

22 SUITE 169

City & State

23 TAMPA FL

24 33634 25 USA

2a. Mailing Address

26 7028 W. WATERS

Suite, Apt. #, etc.

27 SUITE 169

City & State

28 TAMPA FL

29 33634 30 USA

9. Name and Address of Current Registered Agent

CARTRIGHT, JERRY  
5201 W KENNEDY BLVD  
#750  
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

□

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

□ Yes

□ No

10. Name and Address of New Registered Agent

81

Name

CARTRIGHT, JERRY

82

Street Address (P.O. Box Number is Not Acceptable)

7028 W. WATERS

83

SUITE 169

84

City

TAMPA

FL

85 Zip Code

33634

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

JERRY CARTRIGHT

4-22-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CARTRIGHT, JERRY  
STREET ADDRESS 8705 LAKE PLACE LANE  
CITY-ST-ZIP TAMPA FL 33634

□ DELETE

TITLE D  
NAME CARTRIGHT, DONALD  
STREET ADDRESS 8705 LAKE PLACE LN  
CITY-ST-ZIP TAMPA FL 33634

X DELETE

TITLE V  
NAME MCCLURE, TERESA  
STREET ADDRESS 751 CORAL REEF DR  
CITY-ST-ZIP TAMPA FL 33602

X DELETE

TITLE V  
NAME THOMAS, JAMES  
STREET ADDRESS 10326 ABBOTSFORD DRIVE  
CITY-ST-ZIP TAMPA FL 33626

X DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

□ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

□ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE □ Change □ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE □ Change □ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE □ Change □ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE □ Change □ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE □ Change □ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE □ Change □ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JERRY CARTRIGHT

Date

Daytime Phone #

FILED  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90047 046 \*\*\*158.75



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