

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90140 016 \*\*\*150.00

**DOCUMENT # P96000036965**

1. Entity Name  
**SYNERGY3, INC.**



Principal Place of Business  
**108 W MAIN ST  
INVERNESS, FL 34450 US**

Mailing Address  
**108 W MAIN ST  
INVERNESS, FL 34450 US**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

03292006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3375943**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**RIZZOLO, ANGELO J  
1690 N MARLBOROUGH LOOP  
CRYSTAL RIVER, FL 34429**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS |                                   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  |
|----------------------------|-----------------------------------|--|---|--|--|
| TITLE                      | P <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | <b>RIZZOLO, ANGELO J</b>          |  | NAME  |  |  |
| STREET ADDRESS             | <b>1690 N MARLBOROUGH LOOP</b>    |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP                | <b>CRYSTAL RIVER, FL 34429</b>    |  | CITY-ST-ZIP   |  |  |
| TITLE                      | <input type="checkbox"/> Delete   |  | TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       |                                   |  | NAME  | <b>V. P.</b>   |  |
| STREET ADDRESS             |                                   |  | STREET ADDRESS  | <b>Karen A. Rizzolo</b>  |  |
| CITY-ST-ZIP                |                                   |  | CITY-ST-ZIP   | <b>1690 N. Marlborough Loop</b>  |  |
| TITLE                      | <input type="checkbox"/> Delete   |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                                   |  | NAME  |  |  |
| STREET ADDRESS             |                                   |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP                |                                   |  | CITY-ST-ZIP   |  |  |
| TITLE                      | <input type="checkbox"/> Delete   |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                                   |  | NAME  |  |  |
| STREET ADDRESS             |                                   |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP                |                                   |  | CITY-ST-ZIP   |  |  |
| TITLE                      | <input type="checkbox"/> Delete   |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                                   |  | NAME  |  |  |
| STREET ADDRESS             |                                   |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP                |                                   |  | CITY-ST-ZIP   |  |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Angelo J. Rizzolo* **Angelo J. Rizzolo** **3/29/06** **352-223-3718**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #