


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000013268 1. Entity Name SYNERGY NETWORKS, INC.	
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Principal Place of Business 2075 W FIRST STREET SUITE 200 FORT MYERS, FL 33901	Mailing Address 2075 W FIRST STREET SUITE 200 FORT MYERS, FL 33901
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0897133	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SEIF, PETER 2075 W FIRST STREET SUITE 200 FORT MYERS, FL 33901
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**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSM EARLY, MICHAEL 15081 TAMARIND CAY CT. FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPNO PATRICK, CHRISTOPHER 12863 JULIP CT FORT MYERS, FL 33912

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SELF, PETER 6930 WITTMAN DR FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF BOYD, KENNETH R 1764 LAKEVIEW BLVD. FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/15/07-80099-016 50:00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/07 234-790-7000