

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000080379

FILED
Mar 25, 2008
Secretary of State

Entity Name: SYNOVUS INSURANCE SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

2720 W. TENNESSEE ST.
TALLAHASSEE, FL 323042840

New Principal Place of Business:

Current Mailing Address:

PO BOX 1845
COLUMBUS, GA 319021845

New Mailing Address:

PO BOX 2628
COLUMBUS, GA 31902

FEI Number: 59-3600653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MIZE, CARTER L
Address: 2720 W. TENNESSEE ST.
City-St-Zip: TALLAHASSEE, FL 323042840

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SINGLETON, BART
Address: 1234 1ST AVE
City-St-Zip: COLUMBUS, GA 31902

Title: SECR () Change (X) Addition
Name: BURNS, BETH
Address: 1234 1ST AVE
City-St-Zip: COLUMBUS, GA 31902

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BETH BURNS

SVP

03/25/2008

Electronic Signature of Signing Officer or Director

Date