

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90305 005 \*\*\*150.00

**DOCUMENT # V52143**

1. Entity Name

SYNERGY ADVERTISING & DESIGN, INC.



Principal Place of Business

1226 E 7TH AVE  
TALLAHASSEE FL 32303  
US

Mailing Address

1226 E 7TH AVE  
TALLAHASSEE FL 32303  
US

2. Principal Place of Business

1110-G CAPITAL CIR NE

Suite, Apt. #, etc.

3. Mailing Address

1110-G CAPITAL CIR NE

Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

4. FEI Number

59-3133136

Applied For

Not Applicable

Zip

32301

Country

US

Zip

32301

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TURNER**  
**WEATHINGTON, MARY F**  
1226 E 7TH AVE  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name  
**SAME AGENT - NEW LAST 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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PMDT ☐ Delete  
NAME WEATHINGTON, MARY F  
STREET ADDRESS 1226 E 7TH AVE  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE VPSD ☐ Delete  
NAME LOCASTRO, JOHN  
STREET ADDRESS 2325 KILLARNEY WAY  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☐ Delete  
NAME LOCASTRO, DIANE  
STREET ADDRESS 2325 KILLARNEY WAY  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME MARY F. TURNER  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Mary F. Turner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

513-1900

Daytime Phone #