

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000066302

Entity Name: SYNERGY INSURANCE GROUP, INC.

Current Principal Place of Business:

1000 SAWGRASS CORPORATE PARKWAY
SUITE 450
SUNRISE, FL 33323

Current Mailing Address:

1000 SAWGRASS CORPORATE PARKWAY
SUITE 450
SUNRISE, FL 33323 US

FEI Number: 20-4860800

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WARD, K. DAVID V.P.
1000 SAWGRASS CORPORATE PARKWAY
SUITE 450
SUNRISE, FL 33323 US

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

Officer/Director Detail :

Title PRES
Name PAPPAS, ANDREW
Address 501 W. LAKE DASHA DR.
City-State-Zip: PLANTATION FL 33324

Title DIR.
Name PAPPAS, ANDREW
Address 501 W. LAKE DASHA DR.
City-State-Zip: PLANTATION FL 33324

Title VP
Name WARD, KINGSLAND DAVID
Address 9947 NORTHWEST 45TH STREET
City-State-Zip: CORAL SPRINGS FL 33065-1572

Title DIR.
Name WARD, DAVID DAVID
Address 9947 NORTHWEST 45TH STREET
City-State-Zip: CORAL SPRINGS FL 33065-1572

I hereby 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 all other like empowered.

SIGNATURE: KINGSLAND DAVID WARD

V.P.

01/19/2024

Electronic Signature of Signing Officer/Director Detail

Date