

**2025 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.

02/07/2025

Electronic Signature of Signing Officer/Director Detail

Date