

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90080 049 ****61.25

DOCUMENT # N00000007308

1. Entity Name
S4P SYNERGY, INC.



Principal Place of Business
**312 PELHAM ROAD
 FT WALTON BEACH, FL 32547**

Mailing Address
**PO BOX 4214
 FT WALTON BEACH, FL 32549**



2. Principal Place of Business
24 Bass Avenue SW
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 16026
 Suite, Apt. #, etc.

01132004 Chg-NP CR2E037 (10/03)

City & State
Fort Walton Beach, Florida
 Zip
32548
 Country
US

City & State
Fort Walton Beach, Florida
 Zip
32549
 Country
US

4. FEI Number
59-3676322
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BOLDIN, LARRY N
 804 FOREST COVE
 MARY ESTHER, FL 32569**

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

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	BOLDIN, LARRY	
STREET ADDRESS	804 FOREST COVE COURT	
CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MACK, LIN A	
STREET ADDRESS	703 OVERBROOK DR.	
CITY-ST-ZIP	FT WALTON BEACH, FL 32547	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	PATRICK, LISA	
STREET ADDRESS	296 ECHO CIRCLE	
CITY-ST-ZIP	FT WALTON BEACH, FL 32548	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, JESSIE M	
STREET ADDRESS	9 11TH STREET	
CITY-ST-ZIP	SHALIMAR, FL 32579	
TITLE	D	<input type="checkbox"/> Delete
NAME	TORRY, GREGORY	
STREET ADDRESS	123 PALMETTO AVE	
CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WYATT, VALERIE	
STREET ADDRESS	2811-3 BRADFORD PLACE	
CITY-ST-ZIP	FT WALTON BEACH, FL 32547	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Buchanan, Arica	
STREET ADDRESS	118 Woodbine Circle	
CITY-ST-ZIP	Fort Walton Beach, Florida 32548	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Latham, DeAndre	
STREET ADDRESS	7203 Zoe Circle	
CITY-ST-ZIP	Navarre, Florida - 32566	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Baldin, Jenett	
STREET ADDRESS	804 Forest Cove Court	
CITY-ST-ZIP	Mary Esther, Florida 32569	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Merineather, Stephen	
STREET ADDRESS	1971 Chesapeake Ridge	
CITY-ST-ZIP	Fort Walton Beach, Florida 32547	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wyatt, Valerie	
STREET ADDRESS	1809 Hunter's Path	
CITY-ST-ZIP	Fort Walton Beach, Florida 32547	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick, Lisa	
STREET ADDRESS	296 Echo Circle	
CITY-ST-ZIP	Fort Walton Beach, FL 32548	

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 617, 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] 14 JAN 04 (850) 862 3899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACK, LIN A 703 OVERBROOK DR. FT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: _____ Date: **14 JAN 04** Daytime Phone #: **850-862-3899**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR