


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90014 040 ****61.25

DOCUMENT # N00000007308

1. Entity Name
S4P SYNERGY, INC.



Principal Place of Business
**24 BASS AVENUE SW
 FORT WALTON BEACH, FL 32548**

Mailing Address
**PO BOX 1626
 FT WALTON BEACH, FL 32549**

30000861



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01052005 Chg-NP CR2E037 (10/03)

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

Filing Fee is \$61.25 Due by May 1, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE C	<input type="checkbox"/> Delete NAME: BOLDIN, LARRY STREET ADDRESS: 804 FOREST COVE COURT CITY-ST-ZIP: MARY ESTHER, FL 32569	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Latham, DeAndre STREET ADDRESS: 7203 2nd Circle CITY-ST-ZIP: Navarre, Florida 32566
TITLE VP	<input type="checkbox"/> Delete NAME: MACK, LIN A STREET ADDRESS: 703 OVERBROOK DR. CITY-ST-ZIP: FT WALTON BEACH, FL 32547	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Boldin, Jenett STREET ADDRESS: 804 Forest Cove Court CITY-ST-ZIP: Mary Esther, Florida 32569
TITLE D	<input type="checkbox"/> Delete NAME: PATRICK, LISA STREET ADDRESS: 296 ECHO CIRCLE CITY-ST-ZIP: FT WALTON BEACH, FL 32548	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Meriwether, Stephen STREET ADDRESS: 1971 Chesapeake Ridge CITY-ST-ZIP: Fort Walton Beach, FL 32547
TITLE DS	<input type="checkbox"/> Delete NAME: BUCHANAN, ARICA STREET ADDRESS: 118 WOODBINE CIRCLE CITY-ST-ZIP: FORT WALTON BEACH, FL 32548	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Jackson, Jessie STREET ADDRESS: 9 11th Street CITY-ST-ZIP: Shalimar, Florida 32579
TITLE D	<input type="checkbox"/> Delete NAME: TORRY, GREGORY STREET ADDRESS: 123 PALMETTO AVE CITY-ST-ZIP: MARY ESTHER, FL 32569	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT	<input type="checkbox"/> Delete NAME: WYATT, VALERIE STREET ADDRESS: 1829 HUNTERS PATH CITY-ST-ZIP: FT WALTON BEACH, FL 32547	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5Jan05** Daytime Phone #: **(850) 862-3899 ext 102**