


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 645692 1. Entity Name THE SILVER QUEEN, INC.	
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Principal Place of Business 1350 WEST BAY DR LARGO, FL 33770 US	Mailing Address 1350 WEST BAY DR LARGO, FL 33770 US
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**DO NOT WRITE IN THIS SPACE**



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1947593	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
ARBUTINE, PATRICIA L.  
1350 WEST BAY DR  
LARGO, FL 33770

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ARBUTINE, PATRICIA L. 1350 WEST BAY DRIVE LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARBUTINE, MILLER B. 1350 WEST BAY DRIVE LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARBUTINE, GREGORY M. 1350 WEST BAY DR LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARBUTINE, CHRISTOPHER S. 1350 WEST BAY DRIVE LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARBUTINE, JAYSON B. 1350 WEST BAY DRIVE LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000295286  
04/09/05-80022-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *Patricia L. Arbutine* *Patricia L. Arbutine* 727 681-6827  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *3/2/05* Daytime Phone # \_\_\_\_\_