

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 645692

1. Entity Name
THE SILVER QUEEN, INC.



Principal Place of Business

**1350 WEST BAY DR
LARGO, FL 33770 US**

Mailing Address

**1350 WEST BAY DR
LARGO, FL 33770 US**

000000443849
03/06/06-80029-003 150.00



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1947593** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 *Patricia L. Arbutine*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **C**
NAME **ARBUTINE, PATRICIA L.**
STREET ADDRESS **1350 WEST BAY DRIVE**
CITY-ST-ZIP **LARGO, FL 33770**

TITLE **VP**
NAME **ARBUTINE, MILLER B.**
STREET ADDRESS **1350 WEST BAY DRIVE**
CITY-ST-ZIP **LARGO, FL 33770**

TITLE **P**
NAME **ARBUTINE, GREGORY M.**
STREET ADDRESS **1350 WEST BAY DR**
CITY-ST-ZIP **LARGO, FL 33770**

TITLE **S**
NAME **ARBUTINE, CHRISTOPHER S.**
STREET ADDRESS **1350 WEST BAY DRIVE**
CITY-ST-ZIP **LARGO, FL 33770**

TITLE **T**
NAME **ARBUTINE, JAYSON B.**
STREET ADDRESS **1350 WEST BAY DRIVE**
CITY-ST-ZIP **LARGO, FL 33770**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2006 127-581-6822
Date Daytime Phone #