

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

01-10-2005 90027 007 ***150.00

DOCUMENT # S59187

1. Entity Name
SILVA THOMAS MANAGEMENT, INC.



Principal Place of Business
105 SOUTH NARCISSUS AVE
SUITE 602
WEST PALM BEACH, FL 33401

Mailing Address
105 SOUTH NARCISSUS AVE
SUITE 602
WEST PALM BEACH, FL 33401



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0274894

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWENCKE, KERRY R.
1645 PALM BEACH LAKES BLVD
SUITE 290
WEST PALM BEACH, FL 33401

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	THOMAS, SUSAN
STREET ADDRESS	105 S NARCISSUS AVE
CITY - ST - ZIP	WEST PALM BEACH, FL
TITLE	D
NAME	THOMAS, NORMAN
STREET ADDRESS	105 S NARCISSUS AVE
CITY - ST - ZIP	WEST PALM BEACH, FL
TITLE	S
NAME	GLAYAT, DARLENE
STREET ADDRESS	105 S NARCISSUS AVENUE #602
CITY - ST - ZIP	WEST PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/04

Date

Daytime Phone #