

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000002018

FILED  
May 01, 2007  
Secretary of State

Entity Name: SILVER INSURANCE & FINANCIAL GROUP, INC.

**Current Principal Place of Business:**

381 S. CENTRAL AVE  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

381 S. CENTRAL AVE  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 02-0546174

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHUFFIELDLOWMAN  
1000 LEGIONS PLACE  
SUITE 1700  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SILVER, TOBBY  
Address: 381 S. CENTRAL AVE  
City-St-Zip: OVIEDO, FL 32765

Title: V ( ) Delete  
Name: SILVER, RODNEY E  
Address: 1057 SURREYWOOD LANE  
City-St-Zip: HEATHROW, FL 327461702

Title: S ( ) Delete  
Name: SILVER, DONNA M  
Address: 2003 BLOOMSBURY RUN  
City-St-Zip: HEATHROW, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOBBY L. SILVER

P

05/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date