

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000002018

FILED
Apr 30, 2008
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:

1200 CITY VIEW CENTER
OVIEDO, FL 32765

Current Mailing Address:

381 S. CENTRAL AVE
OVIEDO, FL 32765

New Mailing Address:

1200 CITY VIEW CENTER
OVIEDO, FL 32765

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

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: P (X) Change () Addition
Name: SILVER, TOBBY
Address: 1200 CITY VIEW CENTER
City-St-Zip: OVIEDO, FL 32765

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

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date