

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000002018

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: SILVER INSURANCE & FINANCIAL GROUP, INC.

## Current Principal Place of Business:

1200 CITY VIEW CENTER  
OVIEDO, FL 32765

## New Principal Place of Business:

801 INTERNATIONAL PKWY  
SUITE 500  
LAKE MARY, FL 32746

## Current Mailing Address:

1200 CITY VIEW CENTER  
OVIEDO, FL 32765

## New Mailing Address:

801 INTERNATIONAL PKWY  
SUITE 500  
LAKE MARY, FL 32746

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:

GANGITANO, JAMES  
555 WINDERLEY PLACE  
SUITE 300  
MAITLAND, FL 32751 US

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: TOBBY L. SILVER

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SILVER, TOBBY  
Address: 1200 CITY VIEW CENTER  
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: 801 INTERNATIONAL PKWY SUITE 500  
City-St-Zip: LAKE MARY, FL 32746

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

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date