

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90046 021 ***150.00

DOCUMENT # 327750

1. Entity Name

SIL'S REALTY, INC



Principal Place of Business

119 REEDY CREEK DR
FROSTPROFF FL 33843
US

Mailing Address

119 REEDY CREEK DR
FROSTPROFF FL 33843
US

94016430



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1347954

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAZZINI, YVA
114 REEDY CREEK DR
FROSTPROOF FL 33843

Name FAZZINI, Colin A.
Street Address (P.O. Box Number is Not Acceptable)

114 REEDY CREEK DR.
City Frostproof, FL FL Zip Code 33843

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 Colin A. Fazzini Pres Colin A. Fazzini 1-31-04
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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTM	<input type="checkbox"/> Delete
NAME	FAZZINI, COLIN A	
STREET ADDRESS	114 REEDY CREEK DR	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	FAZZINI, ROBBIN L	
STREET ADDRESS	114 REEDY CREEK DR	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FAZZINI, COLIN A	
STREET ADDRESS	114 REEDY CREEK DR	
CITY-ST-ZIP	FROSTPROFF FL	
TITLE	VTM	<input type="checkbox"/> Delete
NAME	FAZZINI, COLIN A	
STREET ADDRESS	114 REEDY CREEK DR	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Colin A. Fazzini Pres Colin A. Fazzini 1-31-04 863-635-9135
Signature and typed or printed name of signing officer or director Date Daytime Phone #