


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90101 047 \*\*\*150.00

<b>DOCUMENT # 373317</b> 1. Entity Name <b>SILCO CARRIER, INC.</b>	
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Principal Place of Business <b>8455 NOROAD 32210 JACKSONVILLE, FL 32220</b>	Mailing Address <b>% ARNOLD H.SLOTT 334 E.DUVAL STREET JACKSONVILLE, FL 32202</b>
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**DO NOT WRITE IN THIS SPACE**



03202006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1399371</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ARNOLD H. SLOTT  
344 EAST DUVAL STREET  
JACKSONVILLE, FL 32202**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SILLS, MARCUS TODD 8455 NOROAD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SILLS, DAWN MARIE 8455 NOROAD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Dawn M. Sils* *Dawn M. Sils* 4/6/06 904 573-8775  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
20028009

**SLOTT, BARKER & NUSSBAUM**

ATTORNEYS AT LAW

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

334 EAST DUVAL STREET  
JACKSONVILLE, FLORIDA 32202  
TELEPHONE (904) 353-0033  
TELECOPIER (904) 355-4148

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\* CERTIFIED CIRCUIT CIVIL MEDIATOR  
\*\* BOARD CERTIFIED REAL ESTATE LAWYER

April 7, 2006

Division of Corporations  
Annual Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Silco Carrier, Inc.  
Document No. 373317

Ladies and Gentlemen:

I enclose the following:

- (a) Original signed 2006 Annual Report;
- (b) Silco Carrier, Inc.'s check no. 5087, payable to the Florida Department of State in the amount of \$150.00 to cover your fee for filing the annual report.

If you have any questions, please contact our office.

Very truly yours,

*Carol-Anne Hallam*

Carol-Anne Hallam, CLA  
Certified Legal Assistant

:cah  
Enclosures