

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


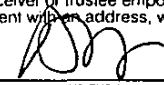
**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90064 016 \*\*\*150.00

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01272005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 498799</b>			
1. Entity Name SILVER SPRINGS VILLAGE, INC.			
Principal Place of Business 17390 EAST ROAD 40 SILVER SPRINGS, FL 34488 US		Mailing Address 340 NORTH ORANGE AVE SUITE B ORLANDO, FL 32804 US	
2. Principal Place of Business		3. Mailing Address P.O. Box 4	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ORLANDO, FL	
Zip	Country	Zip	Country
		32802-0004	USA
4. FEI Number 59-1654423		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRAVES, ALLAN C. 340 NORTH ORANGE AVENUE ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name: DRAVES, ALLAN C. Street Address (P.O. Box Number is Not Acceptable): 401 W. COLONIAL DR., SUITE 4 City: ORLANDO FL Zip Code: 32804	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRAVES, ALLAN C. 340 N. ORANGE AVE ORANGE, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRAVES, ALLAN C. 401 W. COLONIAL DR., STE 4 ORLANDO, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRAVES, DONNA 120 E. CONCORD ST. ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  ALLAN C. DRAVES		1/27/2005 (407)422-2462	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	