

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 591170

1. Entity Name
SILVERS SYSTEMS INCORPORATED.



Principal Place of Business
**2430 30 AVE N
ST. PETERSBURG, FL 33713**

Mailing Address
**2430 30 AVE N
ST. PETERSBURG, FL 33713**



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FE Number
59-1852359

Applic For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SILVERS, HAZEL A
2430 30 AVE N
ST. PETERSBURG, FL 33713**

**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 _____

Signature must be of the person who is the registered agent or the authorized officer.

(Not to be signed by Agent, officer, or authorized officer.)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	SILVERS, HAZEL A
STREET ADDRESS	11666 WOODBRIDGE BLVD
CITY-ST-ZIP	SEMINOLE, FL
TITLE	PD
NAME	SILVERS, MICHAEL J.
STREET ADDRESS	3728 59TH AVE CIR E.
CITY-ST-ZIP	ELLENTON, FL 34222
TITLE	V
NAME	CIRIGNANO, FRED
STREET ADDRESS	8019 35 AV N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	V
NAME	JANNARONE, APRIL B
STREET ADDRESS	7128 39TH AVE N.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J Silvers 4/28/04

Date

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