



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90024 020 \*\*\*\*61.25

<b>DOCUMENT # 723964</b> 1. Entity Name <b>SILVER PINES NO.1, INC.</b>					
Principal Place of Business <b>1640 NE 40TH AVE.</b> <b>OCALA, FL 34470 US</b>				Mailing Address <b>1640 NE 40TH AVE.</b> <b>OCALA, FL 34470 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1636059</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PRPICH, THOMAS F</b> <b>1640 N.E. 40TH AVE.</b> <b>UNIT 109</b> <b>OCALA, FL 34470</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
				Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRPICH, THOMAS E		NAME	WAKELAND DIANNE	
STREET ADDRESS	1640 NE 40 AVE UNIT 109		STREET ADDRESS	1640 NE 40TH AVE #202	
CITY-ST-ZIP	OCALA, FL 34470		CITY-ST-ZIP	OCALA FL 34470	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMMEL, FRIEDERIKE		NAME	PATSY SNIDER	
STREET ADDRESS	1640 NE 40TH AVE #204		STREET ADDRESS	1640 NE 40TH AVE #205	
CITY-ST-ZIP	OCALA, FL 34470		CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAKELAND, DIANNE		NAME	THOMAS F PRPICH	
STREET ADDRESS	1640 NE 40TH AVE., 202		STREET ADDRESS	1640 NE 40TH AVE #109	
CITY-ST-ZIP	OCALA, FL 34470		CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ALFRED STURGIS	
STREET ADDRESS			STREET ADDRESS	1640 NE 40TH AVE #105	
CITY-ST-ZIP			CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JACK COWDEN	
STREET ADDRESS			STREET ADDRESS	1640 NE 40TH AVE #107	
CITY-ST-ZIP			CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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.					
<b>SIGNATURE:</b>  <b>THOMAS F PRPICH, Treas, 04/10/08 (352) 2373981</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					