2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2005 8:00 am
Secretary of State
08-10-2005 90016 030 ***150.00

DOCUMENT # F03000003861

1. Entity Name
SILVER FINANCE COMPANY

50060821

Principal Place of Business	Mailing Address
1201 CENTRAL PARK BLVD. FREDERICKSBURG, VA 22401	~~1201 CENTRAL PARK BLVD.~~ ~~FREDERICKSBURG, VA 22401~~ 6001 Broken Sound Pkwy #600 Boca Raton FL 33487

07132005 No Chg-P CR2E034 (10/03)

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4. FEI Number
54-1434011
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHAW, DAVID M
450 ROYAL PALM WAY, SUITE 600
HAILE, SHAW & PFAFFERBERGER, P.A.
PALM BEACH, FL 33480

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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)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	SILVER, LARRY D
STREET ADDRESS	1201 CENTRAL PARK BLVD.
CITY-ST-ZIP	FREDERICKSBURG, VA 22401
TITLE	V
NAME	HONAKER, B. JUDSON JR.
STREET ADDRESS	1201 CENTRAL PARK BLVD.
CITY-ST-ZIP	FREDERICKSBURG, VA 22401
TITLE	ST
NAME	ELKIN, PAUL S
STREET ADDRESS	1201 CENTRAL PARK BLVD.
CITY-ST-ZIP	FREDERICKSBURG, VA 22401
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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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: _____ 7/14/05 561-981-5252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #