


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F98699</b>	
1. Entity Name <b>LAW OFFICES OF HAROLD SILVER, P.A.</b>	

Principal Place of Business <b>% HAROLD SILVER 418 NORTH MAIN STREET GAINESVILLE FL 32601</b>	Mailing Address <b>% HAROLD SILVER 418 NORTH MAIN STREET GAINESVILLE FL 32601</b>
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2. Principal Place of Business <b>418 N. Main Street</b>	3. Mailing Address <b>418 N. Main Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Gainesville, FL</b>	City & State <b>Gainesville, FL</b>
Zip <b>32601</b>	Zip <b>32601</b>
Country <b>Alachua</b>	Country <b>Alachua</b>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>SILVER, HAROLD 418 NORTH MAIN STREET GAINESVILLE FL 32601</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 reconstituting)  
Signature typed or printed name of registered agent and title, if applicable. DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVER, HAROLD 418 NORTH MAIN STREET GAINESVILLE, FL <del>00000</del> 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U000000034191</b> <b>02/05/04-80073-016 150.00</b>
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
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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:** Harold Silver **Harold Silver, Pres.** **Feb 2, 2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #