


FILED

May 02, 2005 08:00 AM  
Secretary of State

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # J56345</b>	
1. Entity Name <b>MARILYN SILVERS, INC.</b>	

Principal Place of Business <b>% MARILYN SILVERS 513 LAKEBRIDGE DR. ORMOND BEACH, FL 32174</b>	Mailing Address <b>% MARILYN SILVERS 513 LAKEBRIDGE DR. ORMOND BEACH, FL 32174</b>
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04292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2765199</b>	Applied For Not Applicable
5. Certificate of Status Deemed <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**SILVERS, MARILYN  
513 LAKEBRIDGE DR.  
ORMOND BEACH, FL 32174**

**DO NOT WRITE  
IN THIS SPACE**

7. 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, typed or printed name of registered agent not this if applicable. (NOTE: Registered Agent signature required when following)

U0000355441

05/03/05-80147-008 150.00

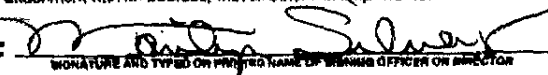
**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

8. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D SILVERS, MARILYN 513 LAKEBRIDGE DR. ORMOND BEACH, FL</b>
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 

4-29-05 386-672-6719

Marilyn Silvers