


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K25924</b> 1. Entity Name SILVER FOX DEVELOPMENT, INC.	
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Principal Place of Business 1135 EAST AVE CLERMONT, FL 34711 US	Mailing Address 1135 EAST AVE CLERMONT, FL 34711 US
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**DO NOT WRITE IN THIS SPACE**



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2893935	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

LADD, DALE J  
1135 EAST AVE  
CLERMONT, FL 34711

**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, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000379323  
01/10/2006-80017-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LADD, DARRYL 11835 HULL ROAD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LADD, DALE J 13741 CANAL DRIVE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STOSBERG, WILLIAM K. 11228 BRONSON RD CLERMONT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 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

Date

Daytime Phone #

1-6-06 352-394-8686