


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90297 016 ****61.25

DOCUMENT # N02000000590 1. Entity Name SILVER CITY OAKS INC.					
Principal Place of Business POST OFFICE BOX 676 FORT MCCOY FL 32134-0676		Mailing Address POST OFFICE BOX 676 FORT MCCOY FL 32134-0676			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, JEANNINE M 10542 NE 153 STREET FORT MCCOY FL 32134			7. Name and Address of New Registered Agent Name Robert Kirkpatrick Street Address (P.O. Box Number is Not Acceptable) 10515 NE 153 Street P.O. Box 711 City FT McCoy FL Zip Code 32134		
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 <u>Robert Kirkpatrick Robert Kirkpatrick</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, JEANNINE M POST OFFICE BOX 676 FORT MCCOY FL 32134-0676 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD President Kirkpatrick Robert <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10515 NE 153 Street FORT MCCOY FL 32134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRICE, FRANK POST OFFICE BOX 731 FORT MCCOY FL 32134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UD Phil Labron <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10510 NE 151 St Fort McCoy, FL 32134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIRKPATRICK, ROBERT <input type="checkbox"/> Delete <i>see above</i> 10699 NE 153 STREET FORT MCCOY FL 32134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UD John Herr <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10510 NE 153 St FT McCoy FL 32134		
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		
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		
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		
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 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.					
SIGNATURE: <u>Robert Kirkpatrick Robert Kirkpatrick</u> 3-3-09 3525952526 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					