


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90035 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			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KIRKSTRICK, ROBERT 10515 NE 153RD ST. FORT MC COY, FL 32134			Name CAROLYN. IRVIN Street Address (P.O. Box Number is Not Acceptable) 10626 NE 151ST LANE City FORT. 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 CAROLYN. IRVIN x <i>[Signature]</i> 22nd March 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	CAROLYN. IRVIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRKPATRICK, ROBERT		NAME	10626 NE 151ST LANE	
STREET ADDRESS	10515 NE 153 ST.		STREET ADDRESS	FORT. MCCOY FLORIDA 32134	
CITY-ST-ZIP	FORT MC COY, FL 32134		CITY-ST-ZIP	FORT. MCCOY FLORIDA 32134	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	JOHN. HERR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LABRON, PHIL		NAME	10510 NE 153 STREET	
STREET ADDRESS	10510 NE 153RD ST		STREET ADDRESS	FORT. MCCOY FLORIDA 32134	
CITY-ST-ZIP	FORT MC COY, FL 32134		CITY-ST-ZIP	FORT. MCCOY FLORIDA 32134	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: CAROLYN IRVIN x <i>[Signature]</i> 22 MARCH 2005 352-595-1161 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					