

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008805

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: THE SILVERTONES, INC.

## Current Principal Place of Business:

5110 CHAMPIONSHIP CUP LANE  
BROOKSVILLE, FL 34609

## New Principal Place of Business:

## Current Mailing Address:

5110 CHAMPIONSHIP CUP LANE  
BROOKSVILLE, FL 34609

## New Mailing Address:

FEI Number: 41-2156221

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KELLER, JOHN M  
224 NORTH BROAD STREET  
BROOKSVILLE, FL 34601 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete  
Name: BEAUCHAMP, EDNA M PR  
Address: 5110 CHAMPIONSHIP CUP LANE  
City-St-Zip: BROOKSVILLE, FL 34609

Title: SD ( ) Delete  
Name: SCHNEIDER, DIANE  
Address: 5616 LEGEND HILL S LANE  
City-St-Zip: SPRING HILL, FL 34609

Title: TA ( ) Delete  
Name: SCHOLLENBERGER, GEORGE  
Address: 15045 MIDDLE FAIRWAY DR  
City-St-Zip: BROOKSVILLE, FL 34609

Title: D ( ) Delete  
Name: BEAUCHAMP, EDNA  
Address: 5110 CHAMPIONSHIP CUP  
City-St-Zip: BROOKSVILLE, FL 34609

Title: D ( ) Delete  
Name: LESHKO, DICK  
Address: 15127 SURREY BEND  
City-St-Zip: SPRING HILL, FL 34609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SULLIVAN, EILEEN M P  
Address: 5485 FIRETHORN POINT  
City-St-Zip: BROOKSVILLE, FL 34609

Title: S (X) Change ( ) Addition  
Name: WALLACE, PATRICIA  
Address: 5069 CHAMPIONSHIP CUP  
City-St-Zip: BROOKSVILLE, FL 34609

Title: T (X) Change ( ) Addition  
Name: SCHOLLENBERGER, GEORGE  
Address: 15045 MIDDLE FAIRWAY DR  
City-St-Zip: BROOKSVILLE, FL 34609

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SULLIVAN

P

01/09/2009

Electronic Signature of Signing Officer or Director

Date