

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000005373					
1. Entity Name SILK AND SABLE MOUNTED DRILL TEAM INC.					
Principal Place of Business 13005 M & J ROAD MYAKKA CITY FL 34251			Mailing Address 13005 M & J ROAD MAYKKA CITY FL 34251		
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 46-7133948	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROOKER, MARK 13005 M & J ROAD MYAKKA CITY FL 34251				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution ☐		\$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	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	BROOKER, MARK		NAME	U00000424047	
STREET ADDRESS	13005 M & J ROAD		STREET ADDRESS	02/18/06-80034-005 70.00	
CITY-ST-ZIP	MYAKKA CITY FL 34251		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	WILLIAMS, JEANETTE		NAME		
STREET ADDRESS	16021 WINBURN DR.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34240		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	WILLIAMS, MELODEE		NAME		
STREET ADDRESS	16021 WINBURN DR.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34240		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
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 exemptions contained in Section 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 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 *Mark Brooker* *Mark Brooker* 214-331-3500