2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000005373

1. Entity Name
SILK AND SABLE MOUNTED DRILL TEAM INC.

Principal Place of Business	Mailing Address
13005 M & J ROAD MYAKKA CITY, FL 34251	13005 M & J ROAD MAYKKA CITY, FL 34251

02112008 No Chg-NP CR2E037 (4/06)

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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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000837912
03/05/08-80010-005 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROOKER, MARK
STREET ADDRESS	13005 M & J ROAD
CITY-ST-ZIP	MYAKKA CITY, FL 34251
TITLE	VPD
NAME	WILLIAMS, JEANETTE
STREET ADDRESS	16021 WINBURN DR.
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	D
NAME	WILLIAMS, MELODEE
STREET ADDRESS	16021 WINBURN DR.
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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 2-22-08 941-376-3065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #