## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

**SIGNATURE** 

## Apr 06, 2005 8:00 am Secretary of State DOCUMENT # P0000007889 1. Entity Name 04-06-2005 90102 039 \*\*\*150.00 SILTERRY, INC. Principal Place of Business Mailing Address 1788 PARKER ROAD 1788 PARKER ROAD YULEE FL 32097 YULEE FL 32097 2. Principal Place of Business 3. Mailing Address Parker Rd Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3635918 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent سنق المسادر والمستدار المرابية والمارات -Name TERRY, CHARLES R Street Address (P.O. Box Number is Not Acceptable) 1788 PARKER ROAD YULEE FL 32097 City 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 picable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Addition Delete TERRY, CHARLES R NAME 77182 Parker Rd. STREET ADDRESS 1788 PARKER ROAD STREET ADDRESS YULEE FL 32097 CHY-ST-7IP CITY-ST-7IP vs Change TITLE ☐ Delete TITLE ☐ Addition SILVA, MICHAEL NAME NAME 3644 MARÄNATHA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP YULEE FL 32097 CITY-ST-ZIP ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE THE 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attemption of the corporation of th

**FILED**