

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90024 035 \*\*\*150.00

**DOCUMENT # P00000093896**

**1. Entity Name**  
**PHYLLIS SILVERMAN CONSULTING, INC.**



**Principal Place of Business**  
**6244 MERRILL ROAD**  
**JACKSONVILLE, FL 32277**

**Mailing Address**  
**6244 MERRILL ROAD**  
**JACKSONVILLE, FL 32277**

**DO NOT WRITE IN THIS SPACE**



01132006 No Chg-P CR2E034 (11/05)

**4. FEI Number**  
**59-3675193**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CAMP, RICHARD CPA**  
**4110 SOUTHPOINT BLVD., #205**  
**JACKSONVILLE, FL 32216**

**DO NOT WRITE  
IN THIS SPACE**

**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**

*Phyllis Silverman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

*1/26/06*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**P**  
**SILVERMAN, PHYLLIS**  
**6244 MERRILL RD**  
**JACKSONVILLE, FL 32277**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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IN THIS SPACE**

**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 607, 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:**

*Phyllis Silverman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

*1/26/06 (904) 743-9095*

**Daytime Phone #**