

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90004 004 ***150.00

DOCUMENT # P00000114317

1. Entity Name

SILVER SPRING MANAGEMENT, INC.



Principal Place of Business

10550 BALMORAL CIR. WEST
JACKSONVILLE FL 32218

Mailing Address

10550 BALMORAL CIR. WEST
JACKSONVILLE FL 32218



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-3686856

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, BHARAT
10550 BALMORAL CIR. WEST
JACKSONVILLE FL 32218

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME PATEL, NIRAV B
STREET ADDRESS 1557 LANDSDADLE CIRCLE
CITY-ST-ZIP TWINSBURG OH 44087

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7749 ROYALCREST DR
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☐ Delete
NAME PATEL, BHARAT
STREET ADDRESS 10550 BALMORAL CIR W
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SHARMA, SONAL B
STREET ADDRESS 2025 PEACHTREE RD APT 224
CITY-ST-ZIP ATLANTA GA 30309

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7614 CROSSTREE LANE
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
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 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:

Bharat N. Patel (BHARAT N. PATEL)

2-16-06 (904) 881-4120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #