

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90034 012 ***150.00

DOCUMENT # P00000116884

1. Entity Name
SILVIA MOOREFIELD, INC.



Principal Place of Business
**11720 CAMDEN PARK DR.
WINDERMERE, FL 34786**

Mailing Address
**11720 CAMDEN PARK DR.
WINDERMERE, FL 34786**

DO NOT WRITE IN THIS SPACE



07132008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3687289

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOOREFIELD, SILVIA
11720 CAMDEN PARK DR
WINDERMERE, FL 34786**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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	DPTS MOOREFIELD, SILVIA 11720 CAMDEN PARK DR WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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:

Silvia Moorefield
Silvia Moorefield

7-17-08 904-349-4593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

60045689

#P00000 116884

July 16, 2008

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

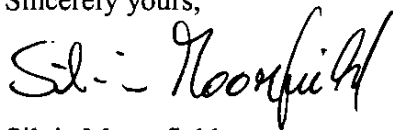
Re: Annual Report Filing
Silvia Moorefield, Inc. (previously Silvia Moorefield, PA)
FEI Number 59-3687289

To whom it may concern:

I just became aware of "notice intent to dissolve" from your office and realized that I apparently have not filed this report. Recently I changed by corporation from a PA to and Inc as I left the real estate field and started my own mobile food service business. As a single woman going 15 months without an income and \$40,000 loss in real estate as my own broker/agent for the first time, I had to make a new career move. My apologies but I have spent 8 months since trying to get this business started, going through numerous licensing processes and other legalities not to mention buying and financing the build-out of a truck, being cheated by numerous contractors and working through a maize of commissary regulation, I missed this filing. This was in **no way intentional on my part to avoid my obligation and responsibility for timely filing**. I am still losing money drawing down every resource I have and can't afford to pay anything more than necessary if I am to stay afloat. Therefore, I respectfully request that you consider waiving this one time the penalty for late filing. Please accept the enclosed report and my \$150 fee as satisfactory.

Thank you for your time and consideration.

Sincerely yours,



Silvia Moorefield