

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000017280

1. Entity Name
THE SILVER BIT TACK & RESALE, INC.



Principal Place of Business
700 SOUTH STATE STREET
SUITE 3
BUNNELL, FL 32110 US

Mailing Address
1751 COUNTY ROAD 304
BUNNELL, FL 32110



DO NOT WRITE IN THIS SPACE

02162005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3707830

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GAVIN, SHEILA
1751 COUNTY ROAD 304
BUNNELL, FL 32110

**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 \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME GAVIN, SHEILA
STREET ADDRESS 1751 COUNTY ROAD 304
CITY-ST-ZIP BUNNELL, FL 32110

TITLE VP
NAME MILNES, PATRICIA
STREET ADDRESS 1751 COUNTY ROAD 304
CITY-ST-ZIP BUNNELL, FL 32110

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CITY-ST-ZIP

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03/07/05-80086-005 150.00

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/05 386-437-4400