



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90045 049 ***150.00

DOCUMENT # P01000055703 1. Entity Name SILVER FOX CONSULTING, INC.					
Principal Place of Business 23506 SANDYCREEK TERRACE #108 BONITA SPRINGS, FL 34135				Mailing Address 23506 SANDYCREEK TERRACE #108 BONITA SPRINGS, FL 34135	
2. Principal Place of Business 27500 RIVERBANK DRIVE Suite, Apt. #, etc.		3. Mailing Address 27500 RIVERBANK DRIVE Suite, Apt. #, etc.		24011135 	
City & State BONITA SPRINGS FL		City & State BONITA SPRINGS FL		4. FEI Number 59-3724711	
Zip 34134		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DALTON, WILLIAM H 23506 SANDYCREEK TERRACE # 108 BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent Name SAME Street Address (P.O.-Box Number is Not Acceptable) 27500 RIVERBANK DRIVE City BONITA SPRINGS FL Zip Code 34134	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DALTON, WILLIAM H 23506 SANDYCREEK TERRACE #108 BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 27500 RIVERBANK DRIVE BONITA SPRINGS FL 34134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: William H. Dalton <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/11/2004 <small>Date</small>		239 947-6429 <small>Daytime Phone #</small>	
WILLIAM H. DALTON					