

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 14, 2006 8:00 am
Secretary of State**

05-04-2006 90228 030 ***150.00

DOCUMENT # P01000060198

1. Entity Name
SAUL SILBER PROPERTIES CO.



Principal Place of Business
**2130 NW 24TH AVE
GAINESVILLE, FL 32605**

Mailing Address
**2130 NW 24TH AVE
GAINESVILLE, FL 32605**

DO NOT WRITE IN THIS SPACE



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3360985

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SILBER, SAUL
2130 NW 24TH AVE
GAINESVILLE, FL 32605**

**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 reappointing)

DATE _____

**FILE NOW!!! FEB IS \$150.00
After May 1, 2006 Fee will be \$850.00**

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
**D
SILBER, SAUL
2130 NW 24TH AVE
GAINESVILLE, FL 32605**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
SILBER, NETTY
2130 NW 24TH AVE
GAINESVILLE, FL 32605**

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 resolver 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 # _____