2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State
07-15-2005 90022 005 ***150.00

DOCUMENT # P01000073944

1. Entity Name
SILVEY, INC.

Principal Place of Business	Mailing Address
1320 CAPITAL CIRCLE SW TALLAHASSEE, FL 32310	1320 CAPITAL CIRCLE SW TALLAHASSEE, FL 32310

07062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2913 springhill Rd.	2913 Springhill Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee Fl.	City & State: Tallahassee Fl.
Zip: 32305 Country: Leon	Zip: 32305 Country: Leon

4. FEI Number: 59-3736584 ☐ Applied For ☐ Not Applicable

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
SILVEY, LAURA 1318 WESTHEAVEN CT. TALLAHASSEE, FL 32310	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 ______________________________

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	SILVEY, LAURA	
STREET ADDRESS	1318 WESTHEAVEN CT.	
CITY ST ZIP	TALLAHASSEE, FL 32310	
TITLE	V	☐ Delete
NAME	SILVEY, JOSEPH	
STREET ADDRESS	1318 WESTHEAVEN CT.	
CITY ST ZIP	TALLAHASSEE, FL 32310	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Joe Silvey 7-6-05 850 385 2044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE