


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000081585

1. Entity Name
SILASCO, INC.



Principal Place of Business
3203 GENERAL ELECTRIC RD., UNIT 12
PLYMOUTH, FL 32768

Mailing Address
PO BOX 1107
PLYMOUTH, FL 32768

DO NOT WRITE IN THIS SPACE



03202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3745043	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

8. Name and Address of Current Registered Agent

DOLL, FREDERICK E
707 VIA MILANO
APOPKA, FL 32712

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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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 DOLL, FREDERIC E 3203 GENERAL ELECTRIC RD., UNIT 12 PLYMOUTH, FL 32768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOLL, BEVERLY G 3203 GENERAL ELECTRIC RD., UNIT 12 PLYMOUTH, FL 32768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOLL, KELLI K 3203 GENERAL ELECTRIC RD., UNIT 12 PLYMOUTH, FL 32768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/06-80083-015 150.00

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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: X Beverly G Doll 4/10/06 407-886-5568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #