

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000094397

Entity Name: THE SILCOME GROUP, INC.

FILED
Aug 21, 2005
Secretary of State

Current Principal Place of Business:

3951 W UNIVERSITY AVENUE
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

PO BOX 13124
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 59-3750558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MABELLE, WESTLING
3951 W UNIVERSITY AVENUE
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WELCOME, FAYLENE
Address: 1556 NE 6TH AVE
City-St-Zip: GAINESVILLE, FL 32641

Title: VST () Delete
Name: SILVA, MABEL E
Address: P.O. BOX 13124
City-St-Zip: GAINESVILLE, FL 32604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPST (X) Change () Addition
Name: WESTLING, MABELLE
Address: P.O. BOX 13124
City-St-Zip: GAINESVILLE, FL 32604

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MABELLE WESTLING

VP

08/21/2005

Electronic Signature of Signing Officer or Director

_____ Date