


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000115504		
1. Entity Name A.T. SILVA GROUP, INC.		
Principal Place of Business 13435 S. MCCALL ROAD SUITE #16 PORT CHARLOTTE, FL 33981		Mailing Address 3100 SHANNON DRIVE PUNTA GORDA, FL 33950
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SILVA, TED 3100 SHANNON DRIVE PUNTA GORDA, FL 33950		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 _____ <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 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	PSD SILVA, ANN 3100 SHANNON DR PUNTA GORDA, FL 33950	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD SILVA, TED 3100 SHANNON DRIVE PUNTA GORDA, FL 33950	
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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: <u><i>Ann Silva</i></u> <u>5/1/04</u> <u>941-698-9600</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		