

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000033011

1. Entity Name
SILKER INVESTMENTS, INC.



Principal Place of Business
2120 LEEWARD LANE
MERRITT ISLAND, FL 32953

Mailing Address
P.O. BOX 321000
COCOA BCH, FL 32932-1000

FILED
Aug 22, 2008 08:00 AM
Secretary of State



08172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3615213	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILKER, GLEN F
2120 LEEWARD LANE
MERRITT ISLAND, FL 32953

**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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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: DP
NAME: SILKER, GLEN F
STREET ADDRESS: 2120 LEEWARD LANE
CITY-ST-ZIP: MERRITT ISLAND, FL 32953

TITLE: DT
NAME: SILKER, SUE A
STREET ADDRESS: 2120 LEEWARD LANE
CITY-ST-ZIP: MERRITT ISLAND, FL 32953

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:

000000958160
08/22/08-80002-005 150.00

**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 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: Glen Silker GLEN SILKER 8/15/08 321-427-3338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #