

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000100176

1. Entity Name
SILVER OAKS VILLAGE, INC.



Principal Place of Business
233 SW 3RD ST
OCALA, FL 34474 US

Mailing Address
233 SW 3RD ST
OCALA, FL 34474 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102005 Chg-P CR2E034 (10/03)

4. FEI Number

23-7245119

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

DAWSON, GWENDOLYN
233 SW 3RD ST
OCALA, FL 34474

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	DP GUNN, HAWARD L 2801 SW 15TH STREET OCALA, FL 34474 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GOFORTH, JAMES T 11299 SW 71ST TERRACE RD OCALA, FL 34476 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GWENDOLYN, DAWSON 233 SW 3RD STREET OCALA, FL 34474 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PODSADOWSKI, RITA 11290 SW 71ST TERR OCALA, FL 34476 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, KELVIN 3363 NE 32ND AVE OCALA, FL 34479 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFTON, ANGELIA 1106 NE 23RD AVE OCALA, FL 34471 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jenkins, Whitfield 2200 NW 24th Road Ocala, FL 34475 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mitchell, Elnora 11353 NW Hwy 225 Reddick, FL 32686 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Overstreet, Reba 3112 NE 4th Court Ocala, FL 34479 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Studer, Dr. Arnold D. 11109 SW 71st Court Ocala, FL 34476 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400054007084 <input type="checkbox"/> Addition 05/06/05--01054--006 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Whitfield Jenkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Whitfield Jenkins
Director

04/14/05

352-332-0838

Date

Daytime Phone #

FILED

05 APR 18 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

