

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000100176	
1. Entity Name SILVER OAKS VILLAGE, INC.	
Principal Place of Business 1629 NW 4TH STREET OCALA, FL 34475 US	Mailing Address 1629 NW 4TH STREET OCALA, FL 34475 US



FILED
2006 APR 21 AM 7:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03012006 No Chg-P CR2E034 (11/05)

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4. FEI Number 43-1988528	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAWSON, GWENDOLYN 233 SW 3RD ST OCALA, FL 34474
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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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	DP GUNN, HAWARD L 2801 SW 15TH STREET OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, WHITFIELD 2200 N.W. 24TH ROAD OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, ELNORA 11353 N.W. HWY 225 REDDICK, FL 32686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVERSTREET, REBA 3112 NE 4TH COURT OCAL, FL 34479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUDER, ARNOLD D DR. 11109 SW 71ST COURT OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFTON, ANGELIA 1106 NE 23RD AVE OCALA, FL 34471

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

04/17/06 352-332-0838
Date Daytime Phone #