

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000029467

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** SILVER BUILDERS TREE NURSERY ASSOCIATION, INC.

**Current Principal Place of Business:**

5030 SW 163 AVE  
FT LAUDERDALE, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

5030 SW 163 AVE  
FT LAUDERDALE, FL 33331

**New Mailing Address:**

**FEI Number:** 30-0159331

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOOT, PATTI PSD  
5030 SW 163 AVE  
FT LAUDERDALE, FL 33331 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: HOOT, PATTI PSD  
Address: 5030 SW 163RD AVENUE  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

I hereby 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 all other like empowered.

**SIGNATURE:** PATTI HOOT

PSD

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date