



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000081683 <small>1. Entity Name</small> SILVER CRESCENT, INC.						FILED 04 MAR -8 - AM 11: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA																					
<small>Principal Place of Business</small> 129 65 ST NORTH ST PETERSBURG FL 33710			<small>Mailing Address</small> 129 65 ST NORTH ST PETERSBURG FL 33710			 MOORE CR2E034 (11/03)																					
<small>2. Principal Place of Business</small>			<small>3. Mailing Address</small>																								
<small>Suite, Apt. #, etc.</small>			<small>Suite, Apt. #, etc.</small>																								
<small>City & State</small>			<small>City & State</small>																								
<small>Zip</small>		<small>Country</small>		<small>Zip</small>		<small>Country</small>																					
<small>6. Name and Address of Current Registered Agent</small>				<small>7. Name and Address of New Registered Agent</small>																							
DOYON, NORMAN M 129 65 ST NORTH ST PETERSBURG FL 33710				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2"><small>Name</small></td></tr> <tr><td colspan="2"><small>Street Address (P.O. Box Number is Not Acceptable)</small></td></tr> <tr><td colspan="2"> </td></tr> <tr><td><small>City</small></td><td style="text-align: center;">FL</td></tr> <tr><td colspan="2"><small>Zip Code</small></td></tr> </table>				<small>Name</small>		<small>Street Address (P.O. Box Number is Not Acceptable)</small>		 		<small>City</small>	FL	<small>Zip Code</small>											
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<small>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.</small>																											
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small> _____ DATE _____																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees																							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																							
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<small>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.</small>																											
SIGNATURE: <i>Norman M. Doyon</i>				1/22/04		727-346-0651																					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone</small>																					