

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109167

Entity Name: SILCAN, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

11700 PASETTO LN
201
FORT MYERS, FL 33908

New Principal Place of Business:

15278 CRICKET LN
FORT MYERS, FL 33919

Current Mailing Address:

11700 PASETTO LN
#201
FORT MYERS, FL 33908

New Mailing Address:

15278 CRICKET LN
FORT MYERS, FL 33919

FEI Number: 56-2409390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAWLOSKI, ELIZABETH P
19333 SUMMERLIN RD
#20
FORT MYERS, FL 33908 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: D () Delete
Name: PAWLOSKI, ELIZABETH P
Address: 19333 SUMMERLIN RD
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: DA SILVA, SIMONE
Address: 19333 SUMMERLIN RD
City-St-Zip: FORT MYERS, FL 33908

Title: O () Delete
Name: DA SILVA, FABIO H
Address: 11700 PASETTO LN APT 201
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DA SILVA, SIMONE
Address: 15278 CRICKET LN
City-St-Zip: FORT MYERS, FL 33919

Title: O (X) Change () Addition
Name: DA SILVA, FABIO H
Address: 15278 CRICKET LN
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SIMONE DA SILVA

VP

04/27/2009

Electronic Signature of Signing Officer or Director

Date