

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90009 036 \*\*\*150.00

JYU0010J



07262004 Cng-P CR2E034 (10/03)

<b>DOCUMENT # P03000116597</b>			
1. Entity Name <b>SILVER LADDERS, INC.</b>			
Principal Place of Business 4082 GREENWILLOW LANE W JACKSONVILLE, FL 32277		Mailing Address 4082 GREENWILLOW LANE W JACKSONVILLE, FL 32277	
2. Principal Place of Business <i>4082 Greenwillow Ln. W.</i>		3. Mailing Address <i>4082 Greenwillow Ln. W.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Jacksonville, FL</i>		City & State <i>Jacksonville, FL</i>	
Zip <i>32277</i>		Country <i>Duval</i>	
4. FEI Number <i>75-3140853</i>		Applied For Not Applicable	
5. Certificate of Status Declared <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>O'REILLY, THOMAS P 4082 GREENWILLOW LANE W JACKSONVILLE, FL 32277</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____			
Signed, typed or printed name of registered agent and date if applicable. (NOTE: Registered agent signature required when resigning)			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'REILLY, THOMAS P	NAME	
STREET ADDRESS	4082 GREENWILLOW LANE W	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32277	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'REILLY, KYM B	NAME	
STREET ADDRESS	4082 GREENWILLOW LANE W	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32277	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 the empowered.			
SIGNATURE: <i>Thomas P. O'Reilly</i>		7/29/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	