

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90029 029 ***150.00

DOCUMENT # P03000134476

1. Entity Name

SILVER BUTTE, INC.



Principal Place of Business

STE 1000 333 N NEW RIVER DR E
FT LAUDERDALE FL 33301

Mailing Address

STE 1000 333 N NEW RIVER DR E
FT LAUDERDALE FL 33301

2. Principal Place of Business

757 S. E. 17 Street

Suite, Apt. #, etc.

#151

City & State

Fort Lauderdale, FL

Zip

33316

Country

Broward

3. Mailing Address

757 S. E. 17 Street

Suite, Apt. #, etc.

#151

City & State

Fort Lauderdale, FL

Zip

33316

Country

Broward

94048244



MOORE

CR2E034 (11/03)

4. FEI Number

20-0379468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HESS, GEORGE F 11
STE 1000 333 N NEW RIVER DR E
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE G ☐ Delete
NAME JONES, RON
STREET ADDRESS 1301 RIVER REACH DR APT 305
CITY-ST-ZIP FT LAUDERDALE FL 33305

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Dir/VP/Sec ☒ Change ☐ Addition
NAME JONES, RON
STREET ADDRESS 1301 River Reach Dr, Apt. 305
CITY-ST-ZIP Fort Lauderdale, FL 33305

TITLE Dir, Pres/Treas ☐ Change ☒ Addition
NAME JONES, MARCIA
STREET ADDRESS 1301 River Reach Dr., Apt. 305
CITY-ST-ZIP Fort Lauderdale, FL 33305

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #