


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

3 **FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90045 020 \*\*\*150.00

<b>DOCUMENT # P03000140920</b> 1. Entity Name <b>SILVA SILLS, INC.</b>					
Principal Place of Business <b>5100 95TH STREET SEBASTIAN, FL 32958</b>			Mailing Address <b>5100 95TH STREET SEBASTIAN, FL 32958</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FOWLER, ROBERT M 5100 95TH STREET SEBASTIAN, FL 32958</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOWLER, ROBERT M 5100 95TH STREET SEBASTIAN, FL 32958		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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: <u><i>Robert M Fowler</i></u> <span style="float: right;"><b>3/24/04</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #</small>					

66410206



03222004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0460984** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**