## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P03000157931**

1. Entity Name

SILVERBACK BUILDERS INC



FILED Apr 16, 2007 08:00 AM Secretary of State

Principal Place of Business

5560 PARK AVENUE **DELEON SPRINGS, FL 32130**  Mailing Address

5560 PARK AVENUE **DELEON SPRINGS, FL 32130** 



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03032007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0586448

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SMITH, COSMO G 5560 PARK AVENUE DELEON SPRINGS, FL 32130

## DO NOT WRITE IN THIS SPACE

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8. The above named entity subm the obligations of registered as	its this statement for the pent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar w	ith, and accept
SIGNATURE Signature, typed or printed	name of registered agent and title	tf applicable. (NOTE: Registered	d Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
.10. OFFICERS AND DIRECT		CTORS				
TITLE P NAME SMITH, COSMO STREET ADDRESS CITY-S1-ZIP DELEON SPRIN	NUE					· »,
TITLE S NAME TAYLOR, BETH STREET ADDRESS 5560 PARK AVE CITY-ST-ZIP DE LEON SPRII						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	

## IN THIS SPACE

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP TITLE