


**FILED**  
**Jun 14, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90201 023 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P04000074040**

1. Entity Name  
 SILVERBACK GORILLA, INC



Principal Place of Business  
 14100 US HWY 19 N  
 SUITE 120  
 CLEARWATER, FL 33764

Mailing Address  
 14100 US HWY 19 N  
 SUITE 120  
 CLEARWATER, FL 33764

**66022955**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04282005 Chg-P CR2E034 (10/03)

4. FEI Number  
 20-116408

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

BOBBY, CARPENTER T  
 14100 US HWY 19 N  
 SUITE 120  
 CLEARWATER, FL 33764

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 re-registering) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARPENTER, BOBBY T 14100 US HWY 19 N SUITE 120 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Bobby T. Carpenter BOBBY T. CARPENTER 4/28/2005 727-544-8881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #