

ANNUAL REPORT (AR)

FILED
May 10, 2005 8:00 am
Secretary of State

04-15-2005 90103 028 ***150.00

DOCUMENT # P04000145716 1. Entity Name SILVER PONY, INC.			
Principal Place of Business 4755 HIGHWAY 71 GREENWOOD FL 32443 US		Mailing Address 4755 HIGHWAY 71 GREENWOOD FL 32443 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 627 Suite, Apt. #, etc.	
City & State Cottondale, Fla		4. FEI Number 20-1808739	
Zip 32431	Country USA	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKER, FRANK A 4431 LAFAYETTE STREET MARIANNA FL 32446		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSTD MALDONADO, MARY 4755 HIGHWAY 71 GREENWOOD FL 32443	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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)(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>Mary Maldonado</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4/11/05</u> Daytime Phone # _____	