

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P05000060087

1. Entity Name
SILVER PALM DEVELOPERS, INC.



Principal Place of Business

5012 W LEONA STREET
TAMPA, FL 33629 US

Mailing Address

5012 W LEONA STREET
TAMPA, FL 33629 US



04062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2730837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DAWSON, CHARLES C
5012 W LEONA STREET
TAMPA, FL 33629

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000754177
05/22/07-80049-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAWSON, CHARLES C 5012 W LEONA STREET TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAWSON, K. SUSAN 5012 W LEONA STREET TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAWSON, CHARLES C 5012 W LEONA STREET TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAWSON, K. SUSAN 5012 W LEONA STREET TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWSON, CHARLES C 5012 W LEONA STREET TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWSON, K. SUSAN 5012 W LEONA STREET TAMPA, FL 33629

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

Date

7274206693

Daytime Phone #