

2008 FOR PROFIT CORPORATION ANNUAL REPORT

ck# 1270
\$150.00
FILED
Apr 17, 2008 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



02202008

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-2730837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000902727
04/30/08-80017-017 150.00

10. OFFICERS AND DIRECTORS

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

Charles C Dawson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/08