


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90062 041 \*\*\*150.00

|   |   |                           |  |   |  |
|---|---|---------------------------|--|---|--|
| <b>DOCUMENT # P06000009905</b>  |   |                           |  |  |  |
| <b>1. Entity Name</b><br>SILVER SLIDER, INC.  |   |                           |  |   |  |
| <b>Principal Place of Business</b><br>4561 MERSON LN<br>JACKSONVILLE, FL 32205  |   |                           | <b>Mailing Address</b><br>4561 MERSON LN<br>JACKSONVILLE, FL 32205   |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b> |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.       |  |   |  |
| City & State  |   | City & State              |  |   |  |
| Zip   | Country   | Zip                       | Country  | <b>4. FEI Number</b><br>20-4250111  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |                           |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |   |                           | <b>7. Name and Address of New Registered Agent</b>   |   |  |
| FLEMING ISLAND ACCOUNTING AND SERVICES<br>501. PALMETTO AVE<br>GREEN COVE SPRINGS, FL 32043   |   |                           | Name <u>Fleming Island Accounting Consulting</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>414 Old Hard Rd Suite 102</u><br>City <u>Orange Park</u> FL Zip Code <u>32003</u> |   |  |
| <b>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.</b>  |   |                           |  |   |  |
| SIGNATURE <u>Paul Mc Mullan (PAUL Mc MULLAN)</u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |                           | DATE <u>4/2/08</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>   |   |                           | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PRES<br>MC MULLAN, PAUL<br>4561 MERSON LANE<br>JACKSONVILLE, FL 32205   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>BILL, BEACH VP<br>1629 ST. CLAIR STREET<br>JACKSONVILLE, FL 32254 |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>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.</b> |   |                           |  |   |  |
| SIGNATURE: <u>Paul Mc Mullan - PAUL Mc MULLAN</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |                           | DATE <u>4/2/08</u><br><small>Daytime Phone #</small>   |   |  |