


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P23946</b><br>1. Entity Name<br>SILVER & SILVER & SILVERS, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>602 B CENTER RD<br>FORT MYERS, FL 33907 US | Mailing Address<br>6311 SILVER LEWIS LANE<br>FT. MYERS, FL 33912 US |
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01092007 No Chg-P CR2E034 (11/05)

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|  |  |
|--|--|
| 4. FEI Number<br>11-2256373  | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>SILVER, STUART W<br>6311 SILVER LEWIS LN<br>FT MYERS, FL 33912 |
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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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | PS<br>SILVER, STUART W<br>6311 SILVER LEWIS LN<br>FT. MYERS, FL  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | TD<br>SILVER, STUART W.<br>6311 SILVER LEWIS LN<br>FT. MYERS, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | V<br>SILVER, FRANCES T<br>6311 SILVER LEWIS LN<br>FT MYERS, FL   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |  |

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03/29/07-80006-005 158.75

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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]* 3-16-07 (239) 768-1234  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #