

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90177 009 ***150.00

DOCUMENT # P29205

1. Entity Name
SILVER SPRING MANOR, INC.



Principal Place of Business
**2100 N. ATLANTIC AVENUE
SUITE 608
COCOA BEACH, FL 32931**

Mailing Address
**2100 N. ATLANTIC AVENUE
SUITE 608
COCOA BEACH, FL 32931**

60033118



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04282008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-1968915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURKE, MATTHEW T CPA
503 N. ORLANDO AVE STE #106
COCOA BEACH, FL 32931**

Name
MATTHEW T. BURKE CPA

Street Address (P.O. Box Number is Not Acceptable)
Cape Royal Office Building

Suite 707

City
1980 N. Atlantic Avenue Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, and the State of Florida is hereby notified, and accept the obligations of registered agent.

SIGNATURE

Matthew T. Burke CPA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/08

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
BAUM, SEYMOUR
2100 N. ATLANTIC AVENUE #608
COCOA BEACH, FL 32931** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Baum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

Date

Daytime Phone #