

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000025165 1. Entity Name TREASURES OF SILVER & GOLD INC.	
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Principal Place of Business 12903 VILLAGE BLVD MADEIRA BEACH, FL 33708 US	Mailing Address 12903 VILLAGE BLVD. MADEIRA BEACH, FL 33708 US
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3170022	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

**DONNELLY, PATRICK G SR
4898-112TH ST N
SAINT PETERSBURG, FL 33708**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	P DONNELLY, PATRICK G SR 4898-112TH ST N SAINT PETERSBURG, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DONNELLY, SALLY 4898-112TH ST N SAINT PETERSBURG, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRZESLO, GERALDINE 10962 109TH ST. N. LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 my address, with all other like empowered.

SIGNATURE: *P. Donnelly* **P. DONNELLY** 2/28/07 727.398.5606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #