


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000047255
 1. Entity Name
 SILVERLANE MOBILE HOME PARK, INC.



Principal Place of Business Mailing Address
 3902 E BLOOMINGDALE 3902 E BLOOMINGDALE
 VALRICO, FL 33594 VALRICO, FL 33594

DO NOT WRITE IN THIS SPACE



03302005 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3193538 | 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
 EDENFIELD, MICHAEL S
 206 MASON STREET
 BRANDON, FL 33594

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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: *Annie May Davidson* DATE: *April 1 2005*
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, 2005 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 DAVIDSON, CHARLES L 3902 E BLOOMINGDALE VALRICO, FL 33594 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DAVIDSON, ANNIE M 3902 E BLOOMINGDALE VALRICO, FL 33594 |
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 04/04/05-80011-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Annie May Davidson* Date: *April 1 2005* Daytime Phone #: *813 684 6923*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR