2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000061865

LEWIS H. SILVEIRA, INC.

FILED
Jun 06, 2008 08:00 AM
Secretary of State

4114 ... #5010

Called 5/29/08 check not Rtnd

Principal Place of Business
621 S.E. 10TH PLACE
CAPE CORAL FL 33990
US

Mailing Address
P.O. BOX 316
POCASSET MA 02559
US

2. Principal Place of Business (No P.O. Box #) | 3. Mailing Address
Suite, Apt #, etc. | Suite, Apt #, etc.
City | City & State
Zip | Country

1st MOORE CR2E034 (10/07)

4. FEI Number 65-0434462 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. *Name and Address of Current Registered Agent*

SILVEIRA, LEWIS H
621 S.E. 10TH PLACE
CAPE CORAL FL 33990

7. **Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

NOTE: Registered Agent signature required when reinstating

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 10

10. Officers and Directors		11. Additions/Changes	
TITLE: PT NAME: SILVEIRA, LEWIS H STREET ADDRESS: 621 S.E. 10TH PLACE CITY-ST-ZIP: CAPE CORAL FL 33990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP U00000952883 06/06/08-80001-032 150.00	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ______________________ 04/14/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR