

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90035 033 ***150.00

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1. Entity Name
SILENT SPORTS OF FLORIDA, INC.



Principal Place of Business
2301 TAMiami TRAIL NORTH
SUITE #E
NOKOMIS, FL 34275 US

Mailing Address
P.O. BOX 190
OSPNEY, FL 34229 US

40039242



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0443092

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, HAL JR
125 BURNEY RD
OSPNEY, FL 34229

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

| | |
|----------------|---------------------|
| TITLE | P |
| NAME | WHITE, HAL JR |
| STREET ADDRESS | 125 BURNEY RD |
| CITY-ST-ZIP | OSPNEY, FL |
| TITLE | VP |
| NAME | GORDON, MARY |
| STREET ADDRESS | 7742 WILLIAM AVENUE |
| CITY-ST-ZIP | SARASOTA, FL |
| TITLE | T |
| NAME | WHITE, VIRGINIA |
| STREET ADDRESS | 125 BRUNEY ROAD |
| CITY-ST-ZIP | OSPNEY, FL |
| TITLE | D |
| NAME | ZYMANTAS, JONAS |
| STREET ADDRESS | 649 DEMING |
| CITY-ST-ZIP | CHICAGO, IL 60614 |
| TITLE | D |
| NAME | WHITE, ASHLEIGH |
| STREET ADDRESS | 125 BURNEY RD |
| CITY-ST-ZIP | OSPNEY, FL 34229 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/08

Date

941-966-5477

Daytime Phone #