

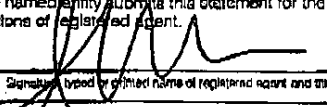
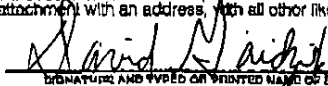
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ICARD MERRILL et al
HORACE WIL

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90017 036 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000081874			
1. Entity Name SILVERCHASE CORPORATION			
Principal Place of Business 115 N. FLORIDA AVE AVON PARK, FL 33825 US		Mailing Address 115 N. FLORIDA AVE AVON PARK, FL 33825 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc. 139 SOUTHLAND COURT	
City & State		City & State AVON PARK FL.	
Zip	Country	Zip	Country
33825	US	33825	US
4. FEI Number 59-3310497		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRODA, JOEL D 685 75TH AVE ST. PETERSBURG BEACH, FL 33706		7. Name and Address of New Registered Agent Name Alycia M. Nohren; Esquire Street Address (P.O. Box Number is Not Acceptable) 2033 Main St, Suite 600 City Sarasota FL Zip Code 34237	
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:  Alycia M. Nohren DATE: 4/14/08 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
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	PVTD GAIDZIK, DAVID 115 N. FLORIDA AVE AVON PARK, FL 33825 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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:  DAVID GAIDZIK		DATE: 4/14/08	