2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: \_

## Feb 19, 2004 8:00 am DOCUMENT # P94000008111 **Secretary of State** 1. Entity Name 🔓 🖃 02-19-2004 90028 018 \*\*\*150 00 SILVER DOLLAR ENTERPRISES OF SARASOTA, INC. Principal Place of Business Mailing Address 6931 HAWKINS ROAD 6931 HAWKINS ROAD **24012633** SARASOTA FL 34241 SARASOTA FL 34241 2. Principal Place of Business 3. Mailing Address 6210 Bandol Ct 6210 Bandol Ct Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0465938 m. Iton. m: Iton Not Applicable Country \$8.75 Additional U.S. A 32570 USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent והמררו E. Goodman GOODMAN, LARRY E Street Address (P.O. Box Number is Not Acceptable) 6931 HAWKINS ROAD SARASOTA FL 34241 6210 Bandal Ct milton 3อร 8. The above named entity automits 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 Signature, typed of printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PO ☐ Delete ППЕ Goodman, Larry E NAME GOODMAN, LARRY E NAME 6210 Bandol Ct STREET ADDRESS 6931 HAWKINS RD STREET ADDRESS milton, FC 32570 SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP nn F ☐ Delete Addition M Change KATHERINE L. GOODMAN Katherine L. Goodman Padriss NAME NAME STREET ADDRESS 6931 HAWKINS ROAD 6210 Bandol Ct STREET ADDRESS CITY-ST-ZIP SARASOTA FL Milton, FL 32570 CITY\_ST\_ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trastee 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.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED