


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2008 8:00 am
Secretary of State


05-21-2008 90028 042 ***150.00

DOCUMENT # P94000064254	
1. Entity Name SIL-O-ETTE INTERNATIONAL, INC.	

Principal Place of Business 10855 US HWY 19, #A 33762 CLEARWATER, FL 33764 US	Mailing Address 10855 US HWY 19, #A 33762 CLEARWATER, FL 33764 US
12890 Automobile Blvd. #C	

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60042959



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3264232	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

MONE, ANTHONY PRESIDE
~~10855 US HWY 19, #A~~ **33762**
~~CLEARWATER, FL 33764~~ **US**
12890 Automobile Blvd. #C

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAIELLO, MICHAEL 12890 Automobile Blvd. #C 10855 US HWY 19, #A CLEARWATER, FL 33764 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONE, ANTHONY 12890 Automobile Blvd. #C 10855 US HWY 19, #A CLEARWATER, FL 33764 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONE, JOHN J 12890 Automobile Blvd. #C 10855 US HWY 19, #A CLEARWATER, FL 33764 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, JUDITH K 12890 Automobile Blvd. #C 10855 US HWY 19, #A CLEARWATER, FL 33764 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLORES, HERBERT 10855 US HWY 19, #A CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP LEMASTER, CAROLYN 12890 Automobile Blvd. #C 10855 US HWY 19, #A CLEARWATER, FL 33764 33762

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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:  **04/28/08 727-571-3338**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Anthony Mone President