2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000048575

1. Entity Name
PICERNE-SILVER RIDGE DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
247 N WESTMONTE DR SUITE A ALTAMONTE SPRINGS, FL 32714 US	215 N EOLA DRIVE ORLANDO, FL 32801 US

2. Principal Place of Business	3. Mailing Address *247 N. Westmonte Dr.*		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State *Altamonte Springs FL*	02042004 Chg-P CR2E034 (10/03)	
Zip	Country	Zip *32714*	Country	4. FEI Number **59-3320960**	Applied For / Not Applicable
				5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FILDES, RICHARD J 215 NORTH EOLA DRIVE ORLANDO, FL 32801	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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PICERNE, ROBERT M		NAME		
STREET ADDRESS	247 N WESTMONTE DR		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	ERICH, JACK W		NAME		
STREET ADDRESS	247 N WESTMONTE DR		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PICERNE, ROBERT M		NAME		
STREET ADDRESS	247 N WESTMONTE DR		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP		
TITLE	VP	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	DWAYNE, WALKER		NAME		
STREET ADDRESS	247 N WESTMONTE DR		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		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		

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 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   Date   Daytime Phone #