

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT. # P95000048575

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



FILED

May 02, 2007 08:00 AM
Secretary of State

Principal Place of Business 247 N WESTMONTE DR SUITE A ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714 US
--	---



03302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3320960	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FILDES, RICHARD J
215 NORTH EOLA DRIVE
ORLANDO, FL 32801

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PICERNE, ROBERT M 247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEFLINGER, JAN C 247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**DO NOT WRITE
IN THIS SPACE**

U000000755104
05/22/07-80089-005 150.00

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

4/27/07

Date

Daytime Phone #