


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90113 001 \*\*\*300.00

<b>DOCUMENT # P95000050763</b>	
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1. Entity Name  
**THE SILVER CANYON LAND COMPANY**

Principal Place of Business <b>1800 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32804</b>	Mailing Address <b>1800 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32804</b>
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**66413522**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-3321114**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CANAN, MICHAEL J  
201 E PINE ST  
STE 1200  
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name **R. MICHAEL O'BRIEN**  
Street Address (P.O. Box Number is Not Acceptable)  
**1800 ORANGE BLOSSOM TR.**  
City **Orlando** FL Zip Code **32804**

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 *R. Michael O'Brien*

Signature, typed or printed name of registered agent and title if applicable

*R. Michael O'Brien*

(NOTE: Registered Agent signature required when reinstating)

*4/13/04*

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/V SUTTON, ROBERT E., SR. 1800 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32804</b>	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SUTTON, ROBERT E JR. 1800 N. ORANGE BLOSSOM TR ORLANDO, FL</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S O'BRIEN, R M 1800 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32804</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROBERT E SUTTON 1800 N ORANGE BLOSSOM TR.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ROBERT E SUTTON, JR 1800 N ORANGE BLOSSOM TR ORLANDO FL 32804</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*R. Michael O'Brien* *R. Michael O'Brien*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/13/04* *407-425-3170*