2004 FOR PROFIT CORPORATION

Feb 09, 2004 8:00 am Secretary of State ANNUAL REPORT 02-09-2004 90064 003 ***150.00 DOCUMENT # P95000053777 SILVERSHORES ESTATES, INC. Principal Place of Business Mailing Address 24008948 620 BAYSHORE DRIVE **620 BAYSHORE DRIVE** SUMMERLAND KEY, FL 33042 SUMMERLAND KEY, FL 33042 01302004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 65-0674737 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required --- -- 6. Name and Address of Current Registered Agent MEYER, JEFFREY B DO NOT WRITE RT. 5 BOX 8 BIG PINE KEY, FL 33043 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME REITER, WERNER STREET ADDRESS 620 BAYSHORE DRIVE SUMMERLAND KEY, FL 33042 CITY-ST-ZIF TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 exacute his 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, RNER REITER

SIGNATURE:

NAME STREET ADDRESS CITY - ST - ZIP

Daytime Phone #

FILED