


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000079833 1. Entity Name SILVER RIVER MARKETING, INC.	
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Principal Place of Business 237 MONT BLANC CT., #105 CASSELBERRY, FL	Mailing Address 237 MONT BLANC CT., #105 CASSELBERRY, FL
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3339053	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

ENGLEHARDT, JOHN C
1524 E. LIVINGSTON ST.
ORLANDO, FL 32803

**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, 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	PS RODRIGUEZ, JACK 237 MONT BLANK CRT #105 CASSELBERRY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT VELAZQUEZ, L. LETTY 237 MONT BLANC CT., #105 CASSELBERRY, FL
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04/19/04-80048-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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 #