2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000027729

G.P. SILVERMILL, INC.

FILED Apr 22, 2004 08:00 AM Secretary of State

Principal Place of Business

1645 S.E. 3RD COURT

SUITE 200

DEERFIELD BEACH, FL 33441

Mailing Address

1645 S.E. 3RD COURT

SUITE 200

DEERFIELD BEACH, FL 33441



01072004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0658128 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

GEISERMAN, ROBERT M 1645 S.E. 3RD COURT SUITE 200 DEERFIELD BEACH, FL 33441

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	e named entity submits this statement for the plicons of registered agent.	urpose of changing its registered of	fice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.					·		
	Signature, typed or printed name of registered agent and site t	t applicable. (NOTE Registered Age	it signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	 Election Campaign Financing Trust Fund Contribution. 		\$5.00 May Be Added to Fees	U00000125083 04/22/04-80871-004-150.00		
10.	OFFICERS AND DIRECTORS				STREET OF COURT OUT 100100		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEISERMAN, ROBERT M 1645 S.E. 3RD COURT, STE. 200 DEERFIELD BEACH, FL 33441						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GEISERMAN, MARC J 1645 S.E. 3RD COURT, STE. 200 DEERFIELD BEACH, FL 33441						
TIFLE NAME STREET ADDRESS CITY-ST-ZIP				DO	DO NOT WRITE		
TITLE NAME STREET ADDRESS				IN	IN THIS SPACE		

12. Thereby certify that the information supplied with this thing 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 distance 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:

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

SUMATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR