2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 18, 2008 08:00 A Secretary of State

Daytime Phone #

ANNUAL REPORT				_ 4.	171.6		C C
DOCU	MENT # P960000364]		Secreta	ary of St	
1. Entity Name YOUR SILENT PARTNER, INC.							
1001.3	ILLINI FARTNER, INC.						
Principal Plac	ce of Business	Mailing Address		1			
2454 AUGUSTINE CT. 2454 AUGUSTINE CT.							
TALLAHASS	EE, FL 32311	TALLAHASSEE, FL 32311					
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				59-337	4300		Not Applicable
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	6. Name and Address of Current Re	gistered Agent	· 通知 30 7 1 5 4 4		the receipts	e e e e	- 1 g*
REMIEN, BEVERLY F 2454 AUGUSTINE CT. TALLAHASSEE, FL 32311				DO.	NOT W	DITE	
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			; ; ;	Tarage Comments of the American			
8. The above	named entity submits this statement for the	e purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo	orida. I am familia	with, and accept
irie opiiga	tions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registere	ed Agent signature required	i when reinstating)		DATE	
	, , , , , , , , , , , , , , , , , , , ,	• Flanting Community Fire			ומממט	0862519	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		.00 May Be led to Fees	04/03/08	10862519 3-80053-00	9 150.00
10.	OFFICERS AND DIF	RECTORS			i (allen e	2000	
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NAME	RÉMIEN, WILLARD W		4 4				
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12. Thereby 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.

ED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE: