

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 05, 2007 08:00 AM  
Secretary of State

DOCUMENT # P96000058463

1. Entity Name  
SILVER SEA HOMES INC.



Principal Place of Business

247 MAISON CT.  
ALTAMONTE SPRING, FL 32714 US

Mailing Address

247 MAISON CT  
ALTAMONTE SPRING, FL 32714 US



01282007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3391918

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GONZALEZ, HORACIO  
247MAISON CT  
ALTAMONTE SPRINGS, FL 32714

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000624368  
02/14/07-80029-008 300.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCO, GRACIELA E 247 MAISON CT ALTAMONTE SPRING, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, HORACIO 247 MAISON CT ALTAMONTE SPRING, FL 32714
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby 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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Graciela Blanco* 2/1/07 407 869 5700