


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90088 045 ***150.00

DOCUMENT # P96000089902	
1. Entity Name SILAS WILLIAM GASSETT, INC.	

Principal Place of Business 11120 RIVER CREEK DR WEST WATERSIDE BLDG., SUITE 212 JACKSONVILLE FL 32256 US	Mailing Address 11120 WEST RIVER CREEK DR WEST WATERSIDE BLDG., SUITE 212 JACKSONVILLE FL 32256 US
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2. Principal Place of Business 11120 River Creek Dr. W.	3. Mailing Address 11120 River Creek Dr. W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32223	Zip 32223
Country USA	Country USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent GASSETT, SILAS W- 8833 PERIMETER PARK BLVD. #603 JACKSONVILLE FL 32216	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASSETT, SILAS W 11120 RIVER CREEK DR WEST JACKSONVILLE FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 4/22/04
Date Daytime Phone #