


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000094431 1. Entity Name SILHO INVESTMENT CORPORATION					
Principal Place of Business 25 HOMESTEAD RD. N. STE 11 LEHIGH ACRES FL 33936 US			Mailing Address 25 HOMESTEAD RD N. STE 11 LEHIGH ACRES FL 33936 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0761652	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MORGAN, JOHN M 302 LEE BLVD. SUITE 102 LEHIGH ACRES FL 33936				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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		
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete	TITLE	U00000024573	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZNER, HORST G		NAME		
STREET ADDRESS	302 LEE BLVD., SUITE 102		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL 33936		CITY-ST-ZIP	02/02/04-80070-015 150.00	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZNER, SILVIA C		NAME		
STREET ADDRESS	302 LEE BLVD., SUITE 102		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL 33936		CITY-ST-ZIP		
TITLE	SO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOERTZ, HILDEGARD A		NAME		
STREET ADDRESS	743 MIRROR LAKES DR		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

1-27-04 234-364 0033
Date Daytime Phone #