


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 A**  
**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 420 LEE BLVD LEHIGH ACRES, FL 33936 US	



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0761652	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

MORGAN, JOHN M  
8911 DANIELS PKWY  
UNIT 6  
FORT MYERS, FL 33912

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

U00000897352  
04/25/08-80043-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METZNER, HORST G 8911 DANIELS PKWY, UNIT 6 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METZNER, SILVIA C 8911 DANIELS PKWY, UNIT 6 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO GOERTZ, HILDEGARD A 25 HOMESTAED RD. N., SUITE 11 LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT  
WRITE IN THIS SPACE**

*I'M SORRY.  
I thought it was  
my copy.*

*[Signature]*

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]* **1-11-08 239 3341947**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone