

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000035578					
1. Entity Name DAVID A. SILVERMAN, P.A.					
Principal Place of Business 973 STREAMLET AVE. SEBASTIAN FL 32958			Mailing Address 973 STREAMLET AVE. SEBASTIAN FL 32958		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2548684	
6. Name and Address of Current Registered Agent SILVERMAN, DAVID A 973 STREAMLET AVE. SEBASTIAN FL 32958				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 certifies 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 obligation of registered agent. SIGNATURE: <i>David A. Silverman</i> <i>Martha B. Silverman</i> DATE: <i>1/24/08</i>					



1st MOORE CR2E034 (10/07)

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
Make Check Payable to Florida Department of State		

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVERMAN, DAVID A 973 STREAMLET AVE. SEBASTIAN FL 32958 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000000387256 04/21/08-80013-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SILVERMAN, MARTHA B 973 STREAMLET AVE SEBASTIAN FL 32958 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *David A. Silverman* *2/9/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR