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Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90029 048 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000104481

1. Entity Name
SILVERWOOD INVESTMENTS, INC.

94040203

Principal Place of Business	Mailing Address
809 MCARTHUR AVENUE LEHIGH ACRES, FL 33972	1105 CAPP CORAL PKWY SUITE C CAPE CORAL, FL 33904

03052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1505 SE 40th Street	1505 SE 40th Street
Suite, Apt. #, etc. Suite C	Suite, Apt. #, etc. Suite C
City & State Cape Coral, FL	City & State Cape Coral, FL
Zip 33904 Country	Zip 33904 Country

4. FEI Number ~~NOT APPLICABLE~~ 65-0877994 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHMIDT, FRIEDRICH W
1505 SE 40TH STREET SUITE C
CAPE CORAL, FL 33904

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 ______________________
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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRASTER, PETER 809 MCARTHUR AVENUE LEHIGH ACRES, FL 33972	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PRASTER, BEATRIX 809 MCARTHUR AVENUE LEHIGH ACRES, FL 33972	☐ 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
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 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] Beatrix Praster 03.19.2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #