2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 21, 2008 08:00 Al **DOCUMENT # P98000001101 Secretary of State** SILCO REAL ESTATE EXCHANGE, INC. Mailing Address Principal Place of Business 1626 WILLIAMSBURG SQUARE PO DRAWER 6500 LAKELAND, FL 33807-6500 LAKELAND, FL 33803 01142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3485938 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **HUNTER, DENISE M** DO NOT WRITE 1626 WILLIAMSBURG SQUARE LAKELAND, FL 33803 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. 1 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) 9. Election Campaign Financing \$5.00 May Bo FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DP MILE HUNTER, DENISE M NAME 1626 WILLIAMSBURG SQUARE STREET ADORESS CITY-ST-ZIP LAKELAND, FL 33803 000000833525 02/28/08-80016-015 150.00 TITLE MILLER, MARY E NAME 1626 WILLIAMSBURG SQUARE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33803 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 \$\frac{4}{2}\$ to the risk empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Service Me Stuttel

Denise M. Nunter

2.19.08

863-644-7091

FILED

Davima Phone #