**2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

## Feb 04, 2004 8:00 am Secretary of State DOCUMENT # P98000104494 1. Entity Name .... 02-04-2004 90086 004 \*\*\*150.00 SILTECH: INC: Principal Place of Business Mailing Address 1881 TRADE CENTER WAY 1881 TRADE CENTER WAY **24000J4**( NAPLES FL 34109 NAPLES FL 34109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 65-0884449 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOOD, DOUGLAS A Street Address (P.O. Box Number is Not Acceptable) 1000 NORTH TAMIAMI TRAIL STE. 201 NAPLES FL 34102 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PSTD ■ Addition TITLE Delete TITLE NAME LONGO, DINO J NAME STREET ADDRESS 1881 TRADE CENTER WAY STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Detete NAME-NAME " STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

s, with all other like empowered

changed, or on an attach

SIGNATURE:

FILED