


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90042 043 \*\*\*150.00

<b>DOCUMENT # P99000098710</b> 1. Entity Name SILVERHEELS SOFTWARE, INC.	
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Principal Place of Business 19024 S.E. ARNOLD DR. TEQUESTA, FL 33469	Mailing Address 4521 PGA BLVD., #231 PALM BEACH GARDENS, FL 33418
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60009402



**DO NOT WRITE IN THIS SPACE**

02012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0963881	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SMITH, MARGARET J 19024 S.E. ARNOLD DR. TEQUESTA, FL 33469
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**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, JOHN D 3570 HAYDEN RD., STE. 123-179 3112 Risher St SCOTTSDALE, AZ 85251 Las Cruces NM 88011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, ANNETTE 3570 N. HAYDEN RD., STE. 123-179 3112 Risher St SCOTTSDALE, AZ 85251 Las Cruces NM 88011
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IN THIS SPACE**

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:**  John D. West  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2005  
Date

928.978.1825  
Daytime Phone #