


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # S04135	
1. Entity Name SILVERFIELD DEVELOPMENT COMPANY	

Principal Place of Business 4141 SOUTH POINT DR E SUITE B JACKSONVILLE, FL 32256 US	Mailing Address 4141 SOUTH POINT DR E SUITE B JACKSONVILLE, FL 32256 US
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01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0224081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SILVERFIELD, GARY D 4141 SOUTHPOINT DR E JACKSONVILLE, FL 32210	DO NOT WRITE IN THIS SPACE
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS BREEDING, HELEN 1368 BIRMINGHAM RD S JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPDS SILVERFIELD, GARY D. 8019 ACORN RIDGE RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SILVERFIELD, LAINE S. 8019 ACORN RIDGE RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILVERFIELD, LEED 8019 ACORN RIDGE RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/07/05-80070-010 150.00

DO NOT WRITE 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____