


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90015 035 ***150.00

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SILVERFIELD, GARY D 4141 SOUTHPOINT DR E JACKSONVILLE, FL 32210				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VPAS <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREEDING, HELEN			NAME	
STREET ADDRESS	1368 BIRMINGHAM RD S			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP	
TITLE	TPDS <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERFIELD, GARY D.			NAME	
STREET ADDRESS	8019 ACORN RIDGE RD.			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL			CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete			TITLE	Vice President, Asst. Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERFIELD, LAINE S.			NAME	
STREET ADDRESS	8019 ACORN RIDGE RD.			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL			CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERFIELD, LEED			NAME	
STREET ADDRESS	8019 ACORN RIDGE RD.			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL			CITY-ST-ZIP	
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CITY-ST-ZIP				CITY-ST-ZIP	
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NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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 all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date	Daytime Phone #

50001916



01052006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0224081 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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, 2006 Fee will be \$550.00

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

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Date Daytime Phone #