2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # S04135

SIGNATURE:

SIGNATURE AND TYPED OR

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SILVERFIELD DEVELOPMENT COMPANY



Apr 07, 2008 8:00 am Secretary of State

04-07-2008 90044 005 ***150.00

Daytime Phone #

Principal Place of Business Mailing Address 4141 SOUTH POINT DR E 4141 SOUTH POINT DR E SUITE B SUITE B JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312008 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 65-0224081 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILVERFIELD, GARY D Street Address (P.O. Box Number is Not Acceptable) 4141 SOUTHPOINT DR E JACKSONVILLE, FL 32210 Zip Code 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. Signature, lyped or gomed name of registered agent and little if anoticanie (NOTE: Registered Agent aignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **VPAS** Change TITLE ☐ Delete TITLE Addition BREEDING HELEN 4141 SOUTHPOINT DRIVE EAST, SUITE B MARKE BREEDING, HELEN NAME STREET ADDRESS 1368 BIRMINGHAM RD S STREET ADDRESS JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32207 CITY-ST-ZIP CITY-ST-ZIP TPDS TPDS Delete TITLE X Change ☐ Addition SILVERFIELD, GARY D. NAME SILVERFIELD, GARY D. NAME 8019 ACORN RIDGE RD. STREET ADDRESS STREET ADDRESS 4141 SOUTHPOINT DRIVE EAST, SUITE B CITY-ST-7IP JACKSONVILLE, FL CITY-ST-ZIP JACKSONVILLE, FL 32216 ☐ Delete Change TITLE TITLE Addition NAME SILVERFIELD, LAINE S. NAME SILVERFIELD, LAINE S. STREET ADDRESS 8019 ACORN RIDGE RD. STREET ADDRESS 4141 SOUTHPOINT DRIVE EAST, SUITE B CITY-ST-ZIP JACKSONVILLE, FL CITY-ST-ZIP JACKSONVILLE, TATLE ☐ Delete TITLE **X** Change Addition SILVERFIELD, LEED NAME NAME SILVERFIELD, LEED 8019 ACORN RIDGE RD STREET ADORESS STREET ADDRESS 4141 SOUTHPOINT DRIVE EAST, SUITE B JACKSONVILLE, FL CITY-ST-ZIP CHY-ST-ZIP ☐ Delete Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition 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 eath; 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.