## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # S40179

1. Entity Name

SILVÉRLEAF ENTERPRISES & ASSOCIATES, INC.



Principal Place of Business

4121 ARGENTA WAY PENSACOLA, FL 32504 US Mailing Address

P.O. BOX 30012

PENSACOLA, FL 32503-1012 US

## FILED Mar 13, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01312007	No Chg-P	CR2E034 (11/05)		
4. FEI Number			Applied For	

4. FEI Number 59-3057148

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRESLAR, TERRY 4121 ARGENTA WAY PENSACOLA, FL 32503

## DO NOT WRITE IN THIS SPACE

	The above named entity submits this statement for the purpose of chan the obligations of registered agent.	ging its registered office or registered agent, or both	n, in the State of Florida.	I am familiar with, and accept
SIC	NATURE 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, 2007 Fee will be \$550.00 Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE **PSD** PRESLAR, TERRY W. NAME 4121 ARGENTA WAY STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

U00000664941 03/23/07-80004-002 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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

SIGNATURE AND TYPING OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x3a/01 BONSU-0120