

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S53577

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: SILVER STAR OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

1717 W. OAKRIDGE ROAD  
ORLANDO, FL 32809 US

**New Principal Place of Business:**

**Current Mailing Address:**

1717 W. OAKRIDGE  
ORLANDO, FL 32809

**New Mailing Address:**

FEI Number: 59-3137355

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RYAN, CORNELIUS  
171 W OAKRIDGE  
ORLANDO, FL 32809 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RYAN, CORNELIUS  
Address: 1717 W. OAKRIDGE RD.  
City-St-Zip: ORLANDO, FL 32809

Title: VD ( ) Delete  
Name: RYAN, PAULINE M  
Address: 1717 W. OAKRIDGE RD.  
City-St-Zip: ORLANDO, FL 32809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORNELIUS RYAN

P

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date