

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90047 039 ***150.00

DOCUMENT # S59187

1. Entity Name
SILVA THOMAS MANAGEMENT, INC.



Principal Place of Business
**105 SOUTH NARCISSUS AVE
SUITE 600
WEST PALM BEACH, FL 33401**

Mailing Address
**105 SOUTH NARCISSUS AVE
SUITE 600
WEST PALM BEACH, FL 33401**

40021400



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-0274894

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHWENCKE, KERRY R.
1045 PALM BEACH LAKES BLVD
SUITE 200
WEST PALM BEACH, FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

6209 North Olive Avenue

City

FL

Zip Code

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, 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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **THOMAS, SUSAN**
STREET ADDRESS **105 S NARCISSUS AVE**
CITY-ST-ZIP **WEST PALM BEACH, FL**

TITLE ☐ Change ☒ Addition
NAME **Suite 600**
STREET ADDRESS **Suite 600**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **THOMAS, NORMAN**
STREET ADDRESS **105 S NARCISSUS AVE**
CITY-ST-ZIP **WEST PALM BEACH, FL**

TITLE ☐ Change ☒ Addition
NAME **Suite 600**
STREET ADDRESS **Suite 600**
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **GLAYAT, DARLENE**
STREET ADDRESS **105 S NARCISSUS AVENUE #600**
CITY-ST-ZIP **WEST PALM BEACH, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/07
Date

561-659-5554
Daytime Phone #