

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000037412

Entity Name: SILKSCREAMS, INC.**Current Principal Place of Business:**979 SHETTER AVENUE
JACKSONVILLE BEACH, FL 32250**Current Mailing Address:**979 SHETTER AVENUE
JACKSONVILLE BEACH, FL 32250**FEI Number:** 59-3635889**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PORTER, CYNTHIA S
10846 KURALEI DRIVE
JACKSONVILLE, FL 32246 US*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:** CYNTHIA S PORTER

04/04/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO
Name	PORTER, CYNTHIA S
Address	10846 KURALEI DRIVE
City-State-Zip:	JACKSONVILLE FL 32246

Title	CAO
Name	KELLY, SAMANTHA D
Address	3004 PEACH DRIVE
City-State-Zip:	JACKSONVILLE FL 32246

Title	VP
Name	ANTHONY, JOSHUA M
Address	1864 CORTEZ ROAD
City-State-Zip:	JACKSONVILLE FL 32246

Title	OFFICER
Name	FLORES, JEFFREY L
Address	10846 KURALEI DRIVE
City-State-Zip:	JACKSONVILLE FL 32246

Title	CMO
Name	RODRIGUEZ, JOSIE E
Address	7625 AUNT MARY HARVEY RD
City-State-Zip:	GLEN SAINT MARY FL 32040

Title	BOARD MEMBER
Name	CAPPS, JESSE I
Address	8534 MATHONIA AVENUE
City-State-Zip:	JACKSONVILLE FL 32211

I hereby 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 all other like empowered.

SIGNATURE: CYNTHIA S. PORTER

CEO

04/04/2024

Electronic Signature of Signing Officer/Director Detail

Date