

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90135 043 \*\*\*150.00



**DOCUMENT # F04000003436**  
 1. Entity Name  
**SILVER STREET, INCORPORATED**

Principal Place of Business      Mailing Address  
**892 INDUSTRIAL PARK DRIVE**      **892 INDUSTRIAL PARK DRIVE**  
**SHELBY MI 49455**      **SHELBY MI 49455**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/04)

4. FEI Number      Applied For  
**35-1463278**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**CHIARIELLO, DAN**  
**2818 GARY LANE**  
**LAKELAND FL 33813**

7. Name and Address of New Registered Agent  
 Name **Chiariello, Dan**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1311 Glenford Lane**  
 City **Lakeland**      **FL**      Zip Code **33813**

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      DATE **2-6-05**  
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>HARDY, CRAIG A</b>	
STREET ADDRESS	<b>892 INDUSTRIAL PARK DRIVE</b>	
CITY-ST-ZIP	<b>SHELBY MI 49455</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>SEAVER, RANDALL</b>	
STREET ADDRESS	<b>8755 WEST WOOD LANE</b>	
CITY-ST-ZIP	<b>MONTAGUE MI 49437</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>SEAVER, RANDALL</b>	
STREET ADDRESS	<b>378755 WESTWOOD LANE</b>	
CITY-ST-ZIP	<b>MONTAGUE MI 49437</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 another like empowered.

SIGNATURE:      Date **2-4-05**      Daytime Phone # **231-861-2194**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR