2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State
04-14-2006 90152 034 ***150.00

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1. Entity Name
SLK ENTERPRISES, INC.

Principal Place of Business	Mailing Address
227 S CALHOUN STREET TALLAHASSEE, FL 32302-0391	227 S CALHOUN STREET TALLAHASSEE, FL 32302-0391

04102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 2510-A North Monroe St.	Suite, Apt. #, etc. 2510-A North Monroe St.
City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32303 Country USA	Zip 32303 Country USA

4. FEI Number 20-2060775 ☐ Applied For ☐ Not Applicable

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
LEADBEATER, JOHN T 227 S CALHOUN STREET TALLAHASSEE, FL 32302-0391	Name Scott Kennedy Street Address (P.O. Box Number is Not Acceptable) 815 Arlington Rd. City Tallahassee FL Zip Code 32312

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] Scott L. Kennedy 4/10/06
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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	DP KENNEDY, SCOTT L 2929 CREST HAVEN DR GRAPEVINE, TX 760513845	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Scott Kennedy 815 Arlington Rd. Tallahassee, FL 32312	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST VANCE, JEANNENE M 712 MARLENE CT EULESS, TX 760403767	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeannene V. Kennedy 815 Arlington Rd. Tallahassee, FL 32312	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] Jeannene V. Kennedy 4/10/06 850-422-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #