2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 8:00 am
Secretary of State
02-05-2008 90009 021 ***158.75

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1. Entity Name
SLOCUM FLORIDA CORPORATION

Principal Place of Business	Mailing Address
777 SOUTH FLAGLER DRIVE WEST TOWER, SUITE ~~1900~~ 800 WEST PALM BEACH, FL 33401	777 SOUTH FLAGLER DRIVE WEST TOWER, SUITE ~~1900~~ 800 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

01282008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0449433
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CPVP
NAME	SLOCUM, MICHAEL J
STREET ADDRESS	777 S FLAGLER DR, WEST TOWER SUITE ~~1900~~ 800
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	ST
NAME	SLOCUM, MICHAEL J
STREET ADDRESS	777 S FLAGLER DR, WEST TOWER SUITE ~~1900~~ 800
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/29/08 561-651-1230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #