

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G89788

Entity Name: S.L.A.W., INC.

FILED  
Jan 11, 2010  
Secretary of State

**Current Principal Place of Business:**

3211 MOODY AVENUE  
ORANGE PARK, FL 32065

**New Principal Place of Business:**

**Current Mailing Address:**

3211 MOODY AVENUE  
ORANGE PARK, FL 32065

**New Mailing Address:**

FEI Number: 59-2436440

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LESAGE, LINDA Y.  
3211 MOODY AVENUE  
ORANGE PARK, FL 32065 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LESAGE, LINDA Y.  
Address: 357 GLENLYON STREET  
City-St-Zip: ORANGE PARK, FL 32073

Title: D  
Name: LESAGE, STEVEN C.  
Address: 357 GLENLYON STREET  
City-St-Zip: ORANGE PARK, FL 32073

Title: V  
Name: PICKETT, ANGELA  
Address: 754 WAKEMONT DR  
City-St-Zip: ORANGE PARK, FL 32065

Title: ST  
Name: TESCHENDORF, TINA  
Address: 215 FOXTAIL AVE.  
City-St-Zip: MIDDLEBURG, FL 32068

Title: DVP  
Name: LESAGE, WILLIAM  
Address: 3195 STARBRIGHT CT  
City-St-Zip: MIDDLEBURG, FL 32068

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: LINDA LESAGE

P

01/11/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date