

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G89788

Entity Name: S.L.A.W., INC.**Current Principal Place of Business:**3211 MOODY AVENUE
ORANGE PARK, FL 32065**Current Mailing Address:**3211 MOODY AVENUE
ORANGE PARK, FL 32065**FEI Number:** 59-2436440**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LESAGE, LINDA Y.
3211 MOODY AVENUE
ORANGE PARK, FL 32065 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

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

Title	SECRETARY, DIRECTOR
Name	PICKETT, ANGELA
Address	218 WESLEY RD.
City-State-Zip:	GREEN COVE SPRINGS FL 32043

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

Title	DVP
Name	LESAGE, WILLIAM
Address	238 WESLEY RD
City-State-Zip:	GREEN COVE SPRINGS FL 32043

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: ANGELA PICKETT**SECRETARY****03/08/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date