

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000104388

**Entity Name:** SLADE GROVE MANAGEMENT, INC.

**Current Principal Place of Business:**

433 LAKE APTHORP DR.  
LAKE PLACID, FL 33852

**Current Mailing Address:**

P.O. BOX 2803  
LAKE PLACID, FL 33862

**FEI Number:** 65-0799481

**Certificate of Status Desired:** No

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

SHERMAN, LISA  
111 E. PARK STREET  
LAKE PLACID, FL 33852 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	P	Title	STD
Name	SLADE, CURTIS L. II	Name	SLADE, LAURIE M
Address	433 LAKE APTHORP DR.	Address	433 LAKE APTHORP DR.
City-State-Zip:	LAKE PLACID FL 33852	City-State-Zip:	LAKE PLACID FL 33852

*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:** LAURIE M SLADE

**STD**

**02/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date