


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**


03-07-2007 90020 018 \*\*\*158.75

**DOCUMENT # 503612**  
 1. Entity Name  
**LANFORD T. SLAUGHTER, P.A.**



Principal Place of Business      Mailing Address  
**44 SE 16TH AVE.**      **107 NE 1ST AVENUE**  
**SUITE 5**      **OCALA, FL 34470 US**  
**OCALA, FL 34471**

**DO NOT WRITE IN THIS SPACE**



01182007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-1699044</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
~~BOBBY COOPER, P.A.~~ *Melanie Slaughter*  
~~5000 E 11th AVE.~~      *2309 N.W. 10th St*  
~~OCALA, FL 34470~~      *Ocala, FL*

**DO NOT WRITE IN THIS SPACE**

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: *Lanford T. Slaughter Pres.*      *02/26/07*  
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLAUGHTER, LANFORD T 1458 SW 42ND ST OCALA, FL 34474
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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: *Lanford T. Slaughter*      **LANFORD T. SLAUGHTER, PRES.**      *02/26/07*      **(352) 732-3434**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #