


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 597264</b> 1. Entity Name ELTON SLONE, INC.	
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Principal Place of Business 153 E. LK. BRANTLEY DRIVE LONGWOOD, FL 32779	Mailing Address 153 E. LK. BRANTLEY DRIVE LONGWOOD, FL 32779
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07242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1869139	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BERZOVICH, DONALD S 153 E LK BRANTHY DR LONGWOOD, FL 32779
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**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

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	ST BERZOVICH, DONALD A 153 ELK BRANTLEY PDR LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLONE, ELTON RAY 153 ELK BRANTLEY DR LONGWOOD, FL 32779
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000000572439  
07/27/06-80006-019 550.00

**DO NOT WRITE  
IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/06

407-788-2900