

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 24, 2007  
Secretary of State**

DOCUMENT# 710687

Entity Name: SLAC OF FLORIDA, INC.

**Current Principal Place of Business:**

3520 W. LINA LANE  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

3520 W. LINA LANE  
APOPKA, FL 32703

**New Mailing Address:**

FEI Number: 59-1889837      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JAMMAL, TOUFIC  
3520 W. LINA LANE  
APOPKA, FL 32703      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

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: JOHARY, CARLOS  
Address: 2019 VANDERBILT PLACE  
City-St-Zip: LONGWOOD, FL 32779

Title: T      ( ) Delete  
Name: BASILA, JOSEPH  
Address: 4873 EASTWIND STREET  
City-St-Zip: ORLANDO, FL 32712

Title: SD      ( ) Delete  
Name: FEKANY, ANITA  
Address: 5703 RED BUG LAKE ROAD  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V.P      ( ) Delete  
Name: SKAFF, GARY  
Address: 3394 FERNLAKE PLACE  
City-St-Zip: LONGWOOD, FL 332779

Title: D      ( ) Delete  
Name: FAKRAJIAN, VASKEN  
Address: 541 RIVERSIDE DRIVE  
City-St-Zip: ORMOND BEACH, FL 32119

Title: D      ( ) Delete  
Name: JAMMAL, TOUFIC  
Address: 3520 W. LINA LANE  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V.P      (X) Change ( ) Addition  
Name: KHOURI, EDISON  
Address: 1025 JENNIE RIDGE  
City-St-Zip: KISSIMMEE, FL 34747

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA FEKANY

SD

02/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date