


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # F00240 1. Entity Name CHARLES SLAVIN, INC.	
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Principal Place of Business 4016 ROSCREA DRIVE TALLAHASSEE, FL 32309 US	Mailing Address PO BOX 14146 TALLAHASSEE, FL 32317-4146 US
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**DO NOT WRITE IN THIS SPACE**



02182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2038448	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  SLAVIN, CHARLES 4016 ROSCREA DRIVE TALLAHASSEE, FL 32309
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT SLAVIN, CHARLES 4016 ROSCREA DRIVE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS SLAVIN, GALE S 4016 ROSCREA DRIVE TALLAHASSEE, FL 32309
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04/26/07-80012-004 150.00

**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: <u>Charles Slavin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>4/12/07</u>	Daytime Phone #: <u>(850) 893-6740</u>
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