

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90088 047 ***150.00

DOCUMENT # F01000004427

1. Entity Name
SLOAN INTERIORS OF FLORIDA, INC.



Principal Place of Business
**38 FAIRFIELD PLACE
WEST CALDWELL, NJ 07006-3**

Mailing Address
**CN 285
WEST CALDWELL, FL 07007-2845**

94029506



2. Principal Place of Business
**38 Fairfield Place
Suite, Apt. #, etc.
CN 2845
City & State
West Caldwell, NJ
Zip
07006
Country
USA**

3. Mailing Address
**38 Fairfield Place
Suite, Apt. #, etc.
CN 2845
City & State
West Caldwell, NJ
Zip
07006
Country
USA**

01282004 Chg-P CR2E034 (10/03)

4. FEI Number
22-1915632

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SHANLEY, PETER M
912 PITCH APPLE LANE
NAPLES, FL 34108**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 **SCOTT L CASABONA** **3/10/04**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHANLEY, PETER M 912 PITCH APPLE LANE NAPLES, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board 712 PITCH APPLE LANE NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATTI, JOSEPH 166 ALEXANDER PALM ROAD BOCA RATON, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATTI, PAUL 431 THATCH PALM RD BOCA RATON, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASABONA, SCOTT L 8 O'CONNOR CT. LEDGEWOOD, NJ 07852	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **SCOTT L CASABONA** **3/10/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #