

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005969

FILED
Apr 24, 2009
Secretary of State

Entity Name: HOG SLAT, INCORPORATED

Current Principal Place of Business:

206 FAYETTEVILLE ST
NEWTON GROVE, NC 28366

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 300
NEWTON GROVE, NC 28366

New Mailing Address:

FEI Number: 56-0945951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HERRING, WILLIAM T
Address: 1100 WHIT RD
City-St-Zip: NEWTON GROVE, NC 28366

Title: DP () Delete
Name: HERRING, WILLIAM T II
Address: 41 MAPLE LEAF LANE
City-St-Zip: NEWON GROVE, NC 28366

Title: DT () Delete
Name: HERRING, MAGDALENE P
Address: 1100 WHIT RD
City-St-Zip: NEWTON GROVE, NC 28366

Title: VP () Delete
Name: HERRING, ANDREW MARK
Address: 793 DOGEYE RD
City-St-Zip: BENSON, NC 27504

Title: VP () Delete
Name: HERRING, DAVID
Address: 504 KEITH HILLS RD
City-St-Zip: LILLINGTON, NC 27546

Title: AS () Delete
Name: RAYNOR, BRENDA L
Address: 127 N JOHNSON ST
City-St-Zip: NEWTON GROVE, NC 28366

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: () Change () Addition
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City-St-Zip:

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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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T HERRING II

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

Date