

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000006082 1. Entity Name SLOCUM FLORIDA CORPORATION	
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Principal Place of Business
**777 SOUTH FLAGLER DRIVE
WEST TOWER, SUITE 1900
WEST PALM BEACH, FL 33401**

Mailing Address
**777 SOUTH FLAGLER DRIVE
WEST TOWER, SUITE 1900
WEST PALM BEACH, FL 33401**



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0449433	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPVP
NAME	SLOCUM, MICHAEL J
STREET ADDRESS	777 S FLAGLER DR, WEST TOWER SUITE 1900
CITY-STATE-ZIP	WEST PALM BEACH, FL 33401

TITLE	ST
NAME	SLOCUM, MICHAEL J
STREET ADDRESS	777 S FLAGLER DR, WEST TOWER SUITE 1900
CITY-STATE-ZIP	WEST PALM BEACH, FL 33401

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CITY-STATE-ZIP	

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01/22/07-80042-013 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Slocum

Date

Daytime Phone #

1/16/07 561-651-1230 x256