

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90009 021 ***158.75

DOCUMENT # F03000006082

1. Entity Name
SLOCUM FLORIDA CORPORATION



Principal Place of Business
**777 SOUTH FLAGLER DRIVE
WEST TOWER, SUITE ~~1900~~ 800
WEST PALM BEACH, FL 33401**

Mailing Address
**777 SOUTH FLAGLER DRIVE
WEST TOWER, SUITE ~~1900~~ 800
WEST PALM BEACH, FL 33401**



01282008 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 **A** **\$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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CPVP
SLOCUM, MICHAEL J
777 S FLAGLER DR, WEST TOWER SUITE ~~1900~~ 800
WEST PALM BEACH, FL 33401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
SLOCUM, MICHAEL J
777 S FLAGLER DR, WEST TOWER SUITE ~~1900~~ 800
WEST PALM BEACH, FL 33401**

TITLE
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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

1/29/08
Date

561-051-1230
Daytime Phone #