

**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2005 8:00 am
Secretary of State

09-01-2005 90024 020 ***550.00

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1. Entity Name

SLATER, TENAGLIA, FRITZ & HUNT, PA



Principal Place of Business

301 3RD ST.
OCEAN CITY, NJ 08226

Mailing Address

301 3RD ST.
OCEAN CITY, NJ 08226

DO NOT WRITE IN THIS SPACE



08192005 No Chg-P CR2E034 (10/03)

4. FEI Number

22-2265404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLATER, MARC

~~90 ALTON ROAD UNIT 2804~~

~~MIAMI BEACH, FL 33139~~

700 Island Blvd Apt 709
Adventura, FL 33160

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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 \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	TENAGLIA, JOSEPH J
STREET ADDRESS	301 3RD ST.
CITY-ST-ZIP	OCEAN CITY, NJ 08226
TITLE	P
NAME	SLATER, MARC
STREET ADDRESS	90 ALTON ROAD UNIT 2804 700 Island Blvd Apt 709
CITY-ST-ZIP	MIAMI BEACH, FL 33139 Adventura, FL 33160
TITLE	V
NAME	FRITZ, CHRISTOPHER R
STREET ADDRESS	422 N. QUINCY AVE.
CITY-ST-ZIP	MARGATE, NJ 08402
TITLE	ST
NAME	FRITZ TENAGLIA, MARIE
STREET ADDRESS	422 N. QUINCY AVE.
CITY-ST-ZIP	MARGATE, NJ 08402
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC SLATER 8/27/05 305-322-1141

Date

Daytime Phone #