

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F42066**

1. Entity Name

SMITH AND SLATER GROVE, INC.



Principal Place of Business

% DINAH KAY SLATER  
P.O. BOX 224  
ALTURAS FL 33820

Mailing Address

% DINAH KAY SLATER  
P.O. BOX 224  
ALTURAS FL 33820



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2137274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLATER, DINAH KAY  
OAK DRIVE  
ALTURAS FL

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

(Signature, typed or printed name of new listed agent and title, if applicable)

(NOTE: Registered Agent's signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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 DV ☐ Delete  
NAME SLATER, DINAH KAY  
STREET ADDRESS P.O. BOX 224 N/A  
CITY-ST-ZIP ALTURAS FL 33820

TITLE ☐ Change ☐ Addition  
NAME U00000805185  
STREET ADDRESS 02/05/08-80100-005 150.00  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SMITH, MARY NELL  
STREET ADDRESS P.O. BOX 206 N/A  
CITY-ST-ZIP ALTURAS FL 33820

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Dinah Kay Slater / Dinah K. Slater, Partner 01/27/08 863-537-1524  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day of the Month