2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State
02-14-2007 90053 049 ***150.00

DOCUMENT # F93995

1. Entity Name
SLP ENTERPRISES, INC.

Principal Place of Business	Mailing Address
131 OCEAN GRANDE BLVD APT 405 JUPITER, FL 33477	131 OCEAN GRANDE BLVD APT 405 JUPITER, FL 33477

01112007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P O Box #	3. Mailing Address
221 Ocean Grande Blvd.	221 Ocean Grande Blvd.
Suite, Apt #, etc.: # 706	Suite, Apt. #, etc: # 706
City & State: Jupiter, FL	City & State: Jupiter, FL
Zip: 33477 Country:	Zip: 33477 Country:

4. FEI Number: 59-2236518 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIERGEORGE, SHARON L.
131 OCEAN GRANDE BLVD
APT 405
JUPITER, FL 33477

7. Name and Address of New Registered Agent

Name: Piergeorge, Sharon L.
Street Address (P.O. Box Number is Not Acceptable): 221 Ocean Grande Blvd. # 706
City: Jupiter FL Zip Code: 33477

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 X [signature] X 2-10-07
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PIERGEORGE, SHARON L 131 OCEAN GRANDE BLVD #405 JUPITER, FL 33477	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Piergeorge Sharon L 221 Ocean Grande Blvd # 706 Jupiter, FL 33477	☑ Change ☐ Addition
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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: X [signature] X 2/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #