

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F94000003842

1. Entity Name
SLAVIK SUITES, INC.



Principal Place of Business
32605 W. 12 MILE RD.
SUITE 350
FARMINGTON HILLS, MI 48334

Mailing Address
32605 W. 12 MILE RD.
SUITE 350
FARMINGTON HILLS, MI 48334

FILED
Jan 30, 2004 08:00 AM
Secretary of State



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
38-2826614

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET, SUITE 1
TALLAHASSEE, FL 32301

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000023546
11/2/02/114-80030-005 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SLAVIK, RICHARD
STREET ADDRESS 32605 W. 12 MILE RD.
CITY-ST-ZIP FARMINGTON HILLS, MI 48334

TITLE V
NAME LAURIA, DEL J
STREET ADDRESS 32605 W. 12 MILE RD.
CITY-ST-ZIP FARMINGTON HILLS, MI 48334

TITLE ST
NAME WOLMAN, LEN
STREET ADDRESS 914 HARTFORD TURNPIKE
CITY-ST-ZIP WATERFORD, CT

TITLE V
NAME WOLMAN, MARK
STREET ADDRESS 914 HARTFORD TURNPIKE
CITY-ST-ZIP WATERFORD, CT 06385

TITLE V
NAME SLAVIK, STEPHEN F
STREET ADDRESS 32605 W 12 MILE RD
CITY-ST-ZIP FARMINGTON, MI 48334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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

Date

Days/Week Phone #

1/21/04