

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # G47223

1. Entity Name
STOSH & SLOSH, INC.



Principal Place of Business
**264 TAMiami TRAIL
VENICE, FL 34285**

Mailing Address
**P.O. BOX 267
VENICE, FL 34284**

FILED
Feb 25, 2008 08:00 AM
Secretary of State



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2297714

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NOVACK, GREGORY R
720 EL DORADO DR
VENICE, FL 34285**

**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 _____ (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	P
NAME	NOVACK, GREGORY
STREET ADDRESS	720 EL DORADO DR
CITY- ST- ZIP	VENICE, FL 34285
TITLE	ST
NAME	PACHOTA, MICHAEL
STREET ADDRESS	213 THE ESPLANDE SOUTH
CITY- ST- ZIP	VENICE, FL 34285
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000837835
03/05/08-80006-017 150.00

**DO NOT WRITE
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

2/14/08 941/484-7362
Date Daytime Phone #