

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # G66633

1. Entity Name  
THE WEALTH TRANSFER GROUP, INCORPORATED



Principal Place of Business  
460 E ALTAMONTE DRIVE  
SUITE 2350  
ALTAMONTE SPGS, FL 32701

Mailing Address  
460 E ALTAMONTE DRIVE  
SUITE 2350  
ALTAMONTE SPGS, FL 32701



02142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2392678

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SLANE, ROBERT C  
460 E ALTAMONTE DRIVE  
SUITE 2350  
ALTAMONTE SPRINGS, FL 32701

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

U000000833324  
03/06/08-80003-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SLANE, ROBERT C  
1233 WELLINGTON TERRACE  
MAITLAND, FL 32751

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
SLANE, SANDRA M  
1233 WELLINGTON TERRACE  
MAITLAND, FL 32751

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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

2-19-2008

Date

401-337-5787

Daytime Phone #