


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G89788**  
 1. Entity Name  
**S.L.A.W., INC.**



Principal Place of Business      Mailing Address  
**3211 MOODY ROAD**      **3211 MOODY ROAD**  
**ORANGE PARK, FL 32065-6808**      **ORANGE PARK, FL 32065-6808**



02282006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-2436440**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**LESAGE, LINDA Y.**  
**3211 MOODY ROAD**  
**ORANGE PARK, FL 32073**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

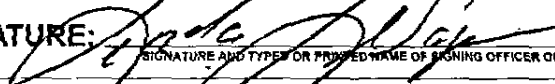
110000464072  
 03/21/06-80100-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO LESAGE, LINDA Y. 357 GLEN LYON STREET ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESAGE, STEVEN C. 357 GLEN LYON STREET ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PICKETT, ANGELA 754 WAKEMONT DR ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TESCHENDORF, TINA 1701 REDWOOD LN. MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LESAGE, WILLIAM 3195 STARBRIGHT CT MIDDLEBURG, FL 32068
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:       3/8/06      90426972291  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #