


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

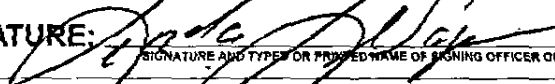
110000464072
 03/21/06-80100-023 150.00

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	

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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:  3/8/06 90426972291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #