

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G89788

Entity Name: S.L.A.W., INC.

FILED
Jan 12, 2007
Secretary of State

Current Principal Place of Business:

3211 MOODY ROAD
ORANGE PARK, FL 320656808

New Principal Place of Business:

Current Mailing Address:

3211 MOODY ROAD
ORANGE PARK, FL 320656808

New Mailing Address:

FEI Number: 59-2436440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESAGE, LINDA Y.
3211 MOODY ROAD
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LESAGE, LINDA Y.,
Address: 357 GLEN LYON STREET
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: LESAGE, STEVEN C.,
Address: 357 GLEN LYON STREET
City-St-Zip: ORANGE PARK, FL 32073

Title: V () Delete
Name: PICKETT, ANGELA
Address: 754 WAKEMONT DR
City-St-Zip: ORANGE PARK, FL 32065

Title: ST () Delete
Name: TESCHENDORF, TINA
Address: 1701 REDWOOD LN.
City-St-Zip: MIDDLEBURG, FL 32068

Title: DVP () Delete
Name: LESAGE, WILLIAM
Address: 3195 STARBRIGHT CT
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: TESCHENDORF, TINA
Address: 215 FOXTAIL AVE.
City-St-Zip: MIDDLEBURG, FL 32068

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA LESAGE

Electronic Signature of Signing Officer or Director

PRES

01/12/2007

_____ Date