

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 18, 2005 08:00 AM  
Secretary of State

DOCUMENT # J24970

1. Entity Name  
SLIPS AMERICA, INC.



Principal Place of Business  
1103 TARPON CENTER DRIVE  
VENICE, FL 34285 US

Mailing Address  
P.O. BOX 1071  
ENGLEWOOD, FL 34295-1071 US



01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2731534

Applied For  
Not Applicable

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

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

PETERSON, EDWIN  
8360 MANASOTA KEY RD  
ENGLEWOOD, FL 34223

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	PETERSON, MARK
STREET ADDRESS	12609 LAKE HILLS DRIVE
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	ST
NAME	RATLIFF, MICHAEL
STREET ADDRESS	211 OSTEKO DR
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931
TITLE	P
NAME	PETERSON, EDWIN
STREET ADDRESS	Y
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000183173  
01/18/05-80058-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Edwin Peterson* EDWIN PETERSON

JAN 305 941-474-4302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #