

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 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**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2731534**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**PETERSON, EDWIN  
6360 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**000000580193  
10/07-80038-013 158.75**

**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 OSTEGO 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	

**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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Edwin Peterson* **EDWIN PETERSON** **JAN. 4, 2007** **941-474-4307**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #