


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # J25086 1. Entity Name SLAUGHTER INVESTMENT CORP.	
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Principal Place of Business % TOM V. SLAUGHTER 7700 SUN ISLAND DRIVE SOUTH, APT. 805 SOUTH PASADENA, FL 33707	Mailing Address % TOM V. SLAUGHTER 7700 SUN ISLAND DRIVE SOUTH, APT. 805 SOUTH PASADENA, FL 33707
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01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2718518	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SLAUGHTER, TOM V.
7700 SUN ISLAND DRIVE SOUTH
APT. 805
SOUTH PASADENA, FL 33707**

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SLAUGHTER, JACQUELYN 7700 SUN ISLAND DR S 805 SOUTH PASADENA, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MITCHUM, JANICE 3062 EAGLES LANDING CIRCLE W CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WATSON, SUSAN 7850 SUNDOWN DR. ST. PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS SLAUGHTER, TOM V. 7700 SUN ISLAND DR S 805 SOUTH PASADENA, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/02/07-80026-016 158.75

**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: Tom V. Slaughter **TOM V. SLAUGHTER** 1-25-07 727 3603032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #