


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90017 007 ***158.75

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|--|---|---|--|--|--|
| DOCUMENT # J25086 1. Entity Name SLAUGHTER INVESTMENT CORP. | | | |  | |
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 59-2718518 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | 01262008 Chg-P CR2E034 (12/06) | |
| 6. Name and Address of Current Registered Agent SLAUGHTER, TOM V. 7700 SUN ISLAND DRIVE SOUTH APT. 805 SOUTH PASADENA, FL 33707 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SLAUGHTER, JACQUELYN 7700 SUN ISLAND DR S 805 SOUTH PASADENA, FL 33707 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP MITCHUM, JANICE 3062 EAGLES LANDING CIRCLE W CLEARWATER, FL 33761 <input type="checkbox"/> Delete ADDRESS CHANGE | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 107 TAMARACK ROAD RUIDOSO NM 88345 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP WATSON, SUSAN 7850 SUNDOWN DR. ST. PETERSBURG, FL 33709 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DTS SLAUGHTER, TOM V. 7700 SUN ISLAND DR S 805 SOUTH PASADENA, FL 33709 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>Tom V. Slaughter</u> TOM V. SLAUGHTER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 1-31-08 727-360-3032 <small>Date Daytime Phone #</small> | | |