## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Aug 12, 2005 08:00 AM ary of State

> Applied For Not Applicable

DOCUMENT # J66456  1. Entity Name SLAB CONSTRUCTION, INC.			Secretary of Stat	
Principal Place of Business 105 FOUR POINTS WAY TALLAHASSEE, FL 32305	Mailing Address 105 FOUR POINTS WAY TALLAHASSEE, FL 32305			
DO NOT WRITE IN THIS SPACE		07262005 No Chg-P CR2E034 (10/03)  4. FEI Number		
	-t		5. Certificate of Status Desired	
6. Name and Address of Curre HARRIS, RICHARD P JR	ut Hadisteled Adeut		DO NOT WRITE	
1341 TUNGHILL DR. TALLAHASSEE, FL 32317		DO NOT WRITE IN THIS SPACE		

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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 whon reinstating).							
FILE NOW!!! FEE IS \$550.00  Due by September 7, 2005  9. Election Campaign Finant Trust Fund Contribution.			cing \$5.00 May Be Added to Fees	U00000376278 08/12/05-80003-008 550.00			
10.	OFFICERS AND DIRI	ECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, RĪCHĀRD P JR 1341 TUNGHILL DR. TALLAHASSEE, FL 32317						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
title Name Street address City-St-Zip			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			e i i i i i i i i i i i i i i i i i i i	<del>5</del>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u> </u>			
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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR