## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # J66456 02-08-2007 90057 040 \*\*\*150.00 SLAB CONSTRUCTION, INC. Mailing Address Principal Place of Business 105 FOUR POINTS WAY 105 FOUR POINTS WAY 40012371 TALLAHASSEE, FL 32305 TALLAHASSEE, FL 32305 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01292007 Chg-P City & State Applied For City & State 4. FEI Number 59-2852055 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RP HARRIS HARRIS, RICHARD P JR Street Address (P.O. Box Number is Not Acceptable) 1341 TUNGHILL DR. 1341 TUNG HILL TALLAHASSEE, FL 32317 City TALLAHASSEE Zip Code \_32<u>3</u>ノフ 8. The above named early 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. R.P. HARRIS TRES. SIGNATURE \_\_\_\_\_\_\_Signature, typed or printed name of registered agent and title if applicable. \_\_\_\_\_\_\_\_ 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition TITLE Delete HARRIS, RICHARD P JR NAME STREET ADDRESS 1341 TUNGHILL DR. STREET ADDRESS TALLAHASSEE, FL 32317 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition HARRIS, RP UR NAME STREET ADDRESS STREET ADDRESS 1341 TUNG HILL DR TALLAHASSEE, FL 32317 CITY-ST-Z/P CITY-ST-ZIP Addition TITLE ☐ Delete Thange NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

OF SIGNING OFFICER OR DIRECTOR

FILED Feb 08, 2007 8:00 am