ANNUAL REPORT

DOCUMENT # L41756	
1. Entity Name	
PRATHER/SLAY, INC.	

Principal Place of Business	Mailing Address
2873 HIGHWAY 71	2873 HIGHWAY 71
MARIANNA, FL 32446 US	MARIANNA, FL 32446 US

DO NOT WRITE IN THIS SPACE

06182007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2981359	Not Applicable

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

6. Name and Address of Current Registered Agent

SLAY, DAVID
3110 HILLVIEW LN
MARIANNA, FL 32446

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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 when reinstating)   DATE

FILE NOW!!! FEE IS $550.00 **Due by September 14, 2007**	**9.** Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U000000766561
06/22/07--80003--006 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	SLAY, DAVID
STREET ADDRESS	3110 HILLVIEW LANE
CITY-ST-ZIP	MARIANNA, FL 32448

TITLE	D
NAME	SLAY, KATHRYN
STREET ADDRESS	3110 HILLVIEW LANE
CITY-ST-ZIP	MARIANNA, FL 32446

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Kathryn Slay_ -Kathryn Slay 6-18-07   850-482-2023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #