


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L41756 1. Entity Name PRATHER/SLAY, INC.	
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Principal Place of Business 2873 HIGHWAY 71 MARIANNA, FL 32446 US	Mailing Address 2873 HIGHWAY 71 MARIANNA, FL 32446 US
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DO NOT WRITE IN THIS SPACE



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2981359	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SLAY, DAVID
3110 HILLVIEW LN
MARIANNA, FL 32446

**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 _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAY, DAVID 3110 HILLVIEW LANE MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAY, KATHRYN 3110 HILLVIEW LANE MARIANNA, FL 32446
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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: Kathryn Slay - Kathryn Slay 4-24-08 850-482-2023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #