


FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90550 031 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M95945			
1. Entity Name S-SLASH, INC.			
Principal Place of Business 491 GARVEY RD. SW PALM BAY, FL 32908		Mailing Address 491 GARVEY RD. SW PALM BAY, FL 32908	
2. Principal Place of Business 10675 141ST AVE Suite, Apt. #, etc.		3. Mailing Address 10675 141ST AVE Suite, Apt. #, etc.	
City & State FELLSMERE, FL		City & State FELLSMERE, FL	
Zip 32948		Country INDIAN RIVER	
4. FEI Number 65-0105206		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent PLATT, ROY E 491 GARVEY RD SW PALM BAY, FL 32908		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10675 141ST AVENUE City FELLSMERE, FL Zip Code 32948	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 PLATT, ROY 491 GARVEY RD SW PALM BAY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10675 141ST AVE FELLSMERE, FL 32948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PLATT, SANDRA 491 GARVEY RD SW PALM BAY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10675 141ST AVE FELLSMERE, FL 32948
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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 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: <u>Sandra C. Platt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/15/05</u> (772) 591-0154 <small>Daytime Phone #</small>	