2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State
02-12-2004 90013 004 ***150.00

DOCUMENT # P01000032259

1. Entity Name
SLOANE, INC

44010997

Principal Place of Business	Mailing Address
108041 ~~OLD~~ ~~BAY~~SHORE RD. ~~NORTH~~ FORT ~~MYERS~~, FL 33917	108041 ~~OLD~~ ~~BAY~~SHORE RD. NORTH ~~FORT~~ ~~MYERS~~, FL 33917

02042004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6940 BUCKINGHAM RD	6940 BUCKINGHAM RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS FL	City & State: FORT MYERS FL
Zip: 33905 Country: LEE	Zip: 33905 Country: LEE

4. FEI Number: 65-1087178 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COOK, ALFRED E
~~18041 OLD BAYSHORE RD.~~
~~NORTH FORT MYERS, FL~~ 33917

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 6940 BUCKINGHAM RD

City FORT MYERS FL Zip Code 33905

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 $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COOK, ALFRED E	NAME	
STREET ADDRESS	~~18041 OLD BAY SHORE~~ RD.	STREET ADDRESS	6940 BUCKINGHAM RD
CITY-ST-ZIP	~~NORTH FORT MYERS~~, FL 33917	CITY-ST-ZIP	FORT MYERS FL 33905
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] 02-10-04 (239)275-4450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #