## **2007 FOR PROFIT CORPORATION**

**ANNUAL REPORT** DOCUMENT # P01000043583

1. Entity Name SLATS, INC.



Principal Place of Business

11201 KNIGHTS GRIFFIN ROAD THONOTOSASSA, FL 33592

Mailing Address

11201 KNIGHTS GRIFFIN ROAD THONOTOSASSA, FL 33592

## **FILED** Apr 27, 2007 08:00 AM Secretary of State



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| 03202007      | No Chg-P | CR2E034 (11/05) |              |
|---------------|----------|-----------------|--------------|
| 4. FEI Number |          |                 | Applied For  |
| 59-3717497    |          | ["              | Not Applicab |

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLD, AARON 704 W. BAY STREET TAMPA, FL 33606

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| <ol><li>The above named entity submits this statement for the p<br/>the obligations of registered agent.</li></ol> | ourpose of changing its registered office or re          | egistered agent, or both       | , in the State of Florida. I am familiar with, and accept |
|--|--|--------------------------------|---|
| SIGNATURE Signature typed or printed name of registered agent and title  | if applicable (NO1E, Registered Agent signature          | required will en reinstating)  | DATE  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00  | Election Campaign Financing     Trust Fund Contribution. | \$5.00 May Be<br>Added to Fees |   |

| 10.  | OFFICERS AND DIRECTORS   |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | D<br>SLATTON, LOIS M<br>11201 KNIGHTS GRIFFIN ROAD<br>THONOTOSASSA, FL 33592 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY+ST-ZIP |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |
| TITLE<br>NAME<br>STREET ADDRESS                |  |

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12. Thereby 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 of the corporation or the receiver or trustee changed, or on an attachment with an add

OFFICER OR DIRECTOR