## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000043583

Entity Name: SLATS, INC.

FILED Apr 04, 2012 Secretary of State

| Current Principal Place of Business:                   |                                 | New Principal Place of Business:          |                                      |
|--|---------------------------------|---|--------------------------------------|
| 11201 KNIGHTS GRIFFIN<br>THONOTOSASSA, FL 33:          |                                 |   |                                      |
| Current Mailing Address:                               |                                 | New Mailing Address:                      |                                      |
| 11201 KNIGHTS GRIFFIN<br>THONOTOSASSA, FL 33:          |                                 |   |                                      |
| FEI Number: 59-3717497                                 | FEI Number Applied For ( )      | FEI Number Not Applicable ( )             | Certificate of Status Desired (X)    |
| Name and Address of Current Registered Agent:          |                                 | Name and Address of New Registered Agent: |                                      |
| GOLD, AARON<br>704 W. BAY STREET<br>TAMPA, FL 33606 US |                                 |   |                                      |
| The above named entity su in the State of Florida.     | ıbmits this statement for the p | urpose of changing its registered         | office or registered agent, or both, |
| SIGNATURE:   |                                 |   |                                      |
| Electronic   | Signature of Registered Age     | ent                                       | Date                                 |
|  |                                 |   |                                      |

## **OFFICERS AND DIRECTORS:**

Title:

Name: SLATTON, LOIS M

Address: 11201 KNIGHTS GRIFFIN ROAD City-St-Zip: THONOTOSASSA, FL 33592

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LOIS SLATTON D 04/04/2012