

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # P01000047568

1. Entity Name
SLATTERY'S PEANUT CO.



Principal Place of Business
**4299 BELLAIRE DR.
HERNANDO BEACH, FL 34607**

Mailing Address
**4299 BELLAIRE DR.
HERNANDO BEACH, FL 34607**



02082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3728944

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SLATTERY, DENNIS
4299 BELLAIRE DR.
HERNANDO BEACH, FL 34607**

**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 _____

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, 2008 Fee will be \$550.00**

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

00000032452

04/23/08=80066-021-150.00

10. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	SLATTERY, DENNIS
STREET ADDRESS	4299 BALLAIRE DRIVE
CITY-ST-ZIP	HERNANDO BEACH, FL 34607
TITLE	ST
NAME	SLATTERY, GERI
STREET ADDRESS	4299 BELLAIRE DR.
CITY-ST-ZIP	HERNANDO BEACH, FL 34607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: *Dennis Slattery*

DENNIS SLATTERY

04-09-2008

(352) 596-4414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #