

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90003 030 ***158.75

DOCUMENT # P01000100865

1. Entity Name
SLADE DEVELOPMENT CORPORATION



Principal Place of Business
**11983 N. TAMiami TRAIL, #126
NAPLES, FL 34110**

Mailing Address
**11983 N. TAMiami TRAIL, #126
NAPLES, FL 34110**

50063371



2. Principal Place of Business
28400 Old US 41

3. Mailing Address
28400 Old US 41 #7

Suite, Apt. #, etc.
Suite #7

Suite, Apt. #, etc.

08222005 Chg-P CR2E034 (10/03)

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

4. FEI Number
65-1148602

Applied For
Not Applicable

Zip
34135

Country
USA

Zip
34135

Country
USA

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

6. Name and Address of Current Registered Agent

**LAPINE, MICHAEL T
11983 N. TAMiami TRAIL, #126
NAPLES, FL 34110**

7. Name and Address of New Registered Agent

Name **Mike SLADE**
Street Address (P.O. Box Number is Not Acceptable)
28400 Old US 41 #7
City **Bonita Springs** FL Zip Code **34135**

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 **Michael Slade** **Michael Slade Registered Agent**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PVD** ☐ Delete
NAME **COTTER, TIMOTHY J P.A.**
STREET ADDRESS **599 9TH STREET N., #313**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Tim Cotter** **8/22/05 239 4385822**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #