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2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/30/2004-90007-005-$150.00-$150.00

FILED
04 NOV 16 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000109487

1. Entity Name
SLAY'S WOODWORKING, INC.

Principal Place of Business	Mailing Address
3001 W. MICHIGAN AVE. PENSACOLA, FL 32526	3001 W. MICHIGAN AVE. PENSACOLA, FL 32526

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08122004 Chg-P CR2E034 (10/03) MRS

4. FEI Number: 43-1956707 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PITMAN, PATRICIA SLAY 3001 W. MICHIGAN AVE. PENSACOLA, FL 32526	Name Street Address (P.O. Box Number Is Not Acceptable) REINSTATEMENT 04 City FL Zip Code

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 ______________________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	D PITMAN, PATRICIA SLAY 3001 W. MICHIGAN AVE. PENSACOLA, FL 32526	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: X Patricia Slay Pitman 8/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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11-15-04

Faxed 11/15/04 1:35 pm

To Whom It May Concern,

When I recieved my check back in the mail, I took it in to my C.P.A. Raymond Flores, he said all I needed to do was sign it and pay the $150.00 again and I did this around Sept. 4th or 5th 2004, I received a letter saying I needed to send $400.00 more, then we had the Hurricane Ivan hit Pens. Fl. Sept. 16, 2004 And I was without power and phone about 4-5 weeks. I guess I misplaced some of mail and I came across this last week, so I went to see Mr. Flores on Mon. 11/15/04 to ask him about this and they told me to send the other $400.00 and when I called the lady she said I needed to write a letter to Division of Cty to see if I could be reinstated. So I'm trying to find out if someone could help. My Business was closed from Sept. 14, 2004 to Nov 1, 2004 due to Hurricane Ivan.

Sincerely
Ms Patricia Coleman

P.S.
Could someone please
call me back to let me