## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 10, 2005 8:00 am Secretary of State

Solit Michigan Ave.  2. Principal Place of Business  3. Mailing Address  3. Mailing Address  3. Mailing Address  3. Mailing Address  4. FEINAMOLA FL 32526  2. Principal Place of Business  3. Mailing Address  5. Suite, Apt. #, etc.  City & State  City & S	DOCUMENT # P01000109487  1. Entity Name SLAY'S WOODWORKING, INC.					01-10-2005 90048 014 ***150.00			
3001 W. MICHIGAN AVE. PENSACOLA, FL 32526  2. Principal Place of Business  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State  City & Stat	Principal Place of Business Mailing Address					1		• • •	
Suite, Apt. #, etc.    Suite, Apt. #, etc.	3001 W. MIC	HIGAN AVE.	3001 W. MICHIGAN AVE.		20001138				
Suite, Apt. #, etc.    Suite, Apt. #, etc.							88121 <u>(</u> 1811 8611) 88111 6815		
City & State  Country									
Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052005	Chg-P	CR2E034 (10/03)	
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PITMAN, PATRICIA SLAY SIGNATURE SI	City & State		City & State		•				·
PITMAN, PATRICIA SLAY 3001 W. MICHIGAN AVE. PENSACOLA, FL 32526  8. The above named antily submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familiar with, and accept two obligations of requirement agent and the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familiar with, and accept two obligations of requirement agent are to the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familiar with, and accept two obligations of purpose of purpose and registered agent.  **TILE NOW!!! FEE IS \$150.00  **OFFICERS AND DIRECTORS**  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  **TILE**  10. OFFICERS AND DIRECTORS**  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  **TILE**  10. OFFICERS AND DIRECTORS**  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  **TILE**  10. OFFICERS AND DIRECTORS**  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  **TILE**  10. OFFICERS AND DIRECTORS**  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  **TILE**  10. OFFICERS AND DIRECTORS**  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  **TILE**  10. OFFICERS AND DIRECTORS**  11. ADDITIONS/CHANGES TO OFFICERS AND ADDITIONS IN 11  12. ADDITIONS/CHANGES TO OFFICERS AND ADDITIONS IN 11  13. ADDITIONS/CHANGES TO OFFICERS AND ADDITIONS IN 11  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  16. Change I was a second of the control of the	Zip	Country	Zip	Country		5. Certificate	of Status Desired		
PITMAN, PATRICIA SLAY 3001 W. MICHIGAN AVE. PENSACOLA, FL 32526  8. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  PILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$\$50.00  9. Electro Campaign Financing Trus Flux Fundition.  10. OPEICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OPFICERS AND DIRECTORS IN 11  TILE DITION OPEICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OPFICERS AND DIRECTORS IN 11  TILE DITION OPEICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OPFICERS AND DIRECTORS IN 11  TILE DITION OPEICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OPFICERS AND DIRECTORS IN 11  TILE DITION OPEICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OPFICERS AND DIRECTORS IN 11  TILE DITION OPEICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OPFICERS AND DIRECTORS IN 11  TILE DITION OPEICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OPFICERS AND DIRECTORS IN 11  TILE DITION OPEICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OPFICERS AND DIRECTORS IN 11  ADDITIONS/CHANGES TO OPFICERS AND DIRECTORS IN 11  ADDITIONS/CHANGES TO OPFICERS AND DIRECTORS IN 11  TILE DITION OPEICERS AND DIRECTORS  TILE NOWES STRET ADDRESS CITY-ST-2P  TILE DIRECTORS C	6. Name and Address of Current Registered Agent					7. Name and	Address of New R	<u> </u>	<u> </u>
Steet Address (P.O. Box Number is Not Acceptable) 3001 W. Michigan Avenue    City   Pensacola   FL   Zip Code   32526					Name				
PENSACOLA, FL 32526  6. The above named only 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, and the state of Florida and expensive of private reason agent.  President 1/6/05  Bignarum, type of or financiar agent and title 4 applicable. (MITE flagatised Apent digitative reasons digitative reasons digitative reasons digitative reasons agent and title 4 applicable. (MITE flagatised Apent digitative reasons digitative reasons agent and title 4 applicable. (MITE flagatised Apent digitative reasons digitative reasons agent and title 4 applicable. (MITE flagatised Apent digitative reasons agent and title 4 applicable. (MITE flagatised Apent digitative reasons agent and title 4 applicable. (MITE flagatised Apent digitative reasons agent and title 4 applicable. (MITE flagatised Apent digitative reasons agent and title 4 applicable. (MITE flagatised Apent digitative reasons agent agent agent and title 4 applicable. (MITE flagatised Apent digitative reasons agent				Str					
City Pensacola FL Zip Code 322326  8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent of the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent of the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent of 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent of registered agent of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent of registered agent or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent or registered agent or both in the State of Florida. I an familiar with, and accept the obligation of registered agent or registered agent or both and accept the purpose of registered agent or purpose of registered or registered agent or purpose					3001	W. Michig	<u>gan Avenue</u>		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATU									
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Common   Common   Common   Common of registered agent and text if applicable.   Common					City Pensacola FL Zip Code 32526				
SIGNATURE    Signature   Signa	8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in								
SIGNATURE    Signature   Signa	the obligations of registered agent.								
### FILE NOW!!! FEE IS \$150.00 ### Added to Fees    10.	President							1/6/05	<del></del>
After May 1, 2005 Fee will be \$350.00  Trust Fund Contribution.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  Output  Date								
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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 any address; and all other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

President

1/6/05

850-941-4024

R(e

Daytime Phone #