


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90104 011 ***150.00

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|---|---|--|---|--|--|
| DOCUMENT # P02000078014 | | | |  | |
| 1. Entity Name S-L CONSTRUCTION SERVICES, INC. | | | | | |
| Principal Place of Business 471 BIRCH STREET JACKSONVILLE, FL 32206 | | | Mailing Address 471 BIRCH STREET JACKSONVILLE, FL 32206 | | |
| 2. Principal Place of Business 471 Birch St Suite, Apt. #, etc. | | 3. Mailing Address 471 Birch St Suite, Apt. #, etc. | | | |
| City & State Jax FL | | City & State Jax FL | | 4. FEI Number 30-0106448 | |
| Zip 32206 | | Country Duval | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent POWELL-WILLIAMS, JUANITA 2867 LORIMIER TER JACKSONVILLE, FL 32207 <i>nothing has change</i> | | | 7. Name and Address of New Registered Agent Name: Powell-Williams Juanita Street Address (P.O. Box Number is Not Acceptable): 2867 Lorimer Ter City: Jax FL Zip Code: 32207 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete SOLOMON, CARY 471 BIRCH STREET JACKSONVILLE, FL 32206 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete <i>Same as above</i> | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <i>Cary Solomon</i> | | | 4-22-06 904-655-9128 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |