


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000117313			
1. Entity Name SLATE MODEL & TALENT MANAGEMENT, INC.			
Principal Place of Business 8018 SUNPORT DR SUITE 203 ORLANDO FL 32809		Mailing Address 8018 SUNPORT DR SUITE 203 ORLANDO FL 32809	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent G&L AGENT SERVICES, INC. 390 NORTH ORANGE AVE., STE.600 ORLANDO FL 32801		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 Max B. Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE	P	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SORRELLS, MICHELLE		
STREET ADDRESS	1741 NORTH SHORE TERRACE		
CITY- ST- ZIP	ORLANDO FL 32819		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY- ST- ZIP			



1st MOORE CR2E034 (10/05)

4. FEI Number **81-0578814** Applied For Not Applicable

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** Max B. Added to Fees

1100000422784
02/17/06-80030-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: *Michelle Sorrells* **1-31-06** **407-844-7600**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #