

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90077 003 ***150.00

DOCUMENT # P02000117712

1. Entity Name
SLABBAGE GROUP L.L., INC.



Principal Place of Business
3600 FICUS PLACE
GRANT, FL 32949

Mailing Address
3600 FICUS PLACE
GRANT, FL 32949

24074446



2. Principal Place of Business

13155 N. INDIAN RIVER DR.

3. Mailing Address

13155 N. INDIAN RIVER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042003

Chg-P

CR2E034 (10/03)

City & State

SEBASTIAN, FL

City & State

SEBASTIAN, FL

4. FEI Number

74-3068156

Applied For

Not Applicable

Zip

32958

Country

Zip

32958

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANLON, M TIMOTHY
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE PDVP
NAME BIRT, ROGER D II
STREET ADDRESS 3600 FICUS PLACE
CITY-ST-ZIP GRANT, FL 32949 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 13155 N. INDIAN RIVER DRIVE
CITY-ST-ZIP SEBASTIAN, FL 32958 ☒ Change ☐ Addition

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

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

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

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

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:

Roger D. Birt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/04
Date

772-589-9662
Daytime Phone #