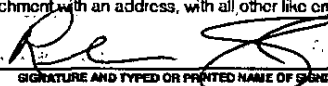


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

04 OCT 22 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000020548					
1. Entity Name SLM PRESERVATIONIST, INC.					
Principal Place of Business 1870 STARKEY ROAD SUITE 3 LARGO, FL 33771			Mailing Address 231 MYRTLE CT PALM HARBOR, FL 34683		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 74-3085369	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent REPKA & JENNINGS, P.A. 703 CT ST CLEARWATER, FL 33756				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's signature required when reinstating) DATE: _____					
Amended AR is \$61.25			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	PTD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	MCKENZIE, PHILIP W		NAME	100042098611	
STREET ADDRESS	1870 STARKEY ROAD SUITE 3		STREET ADDRESS	10/22/04--01017--021 **61.25	
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE	PSTD	☒ Change ☐ Addition
NAME	FARRELL, RENEE M		NAME		
STREET ADDRESS	1870 STARKEY ROAD SUITE 3		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			10/10/04 727-776-3221		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: _____ Dept. Phone # _____		