

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000043666

FILED
May 01, 2005
Secretary of State

Entity Name: S & L ADMINISTRATIVE MANAGEMENT INC.

Current Principal Place of Business:

4881 SEDGEWOOD LANE
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

4881 SEDGEWOOD LANE
NAPLES, FL 34112

New Mailing Address:

FEI Number: 05-0563721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, LORRY
4881 SEDGEWOOD LANE
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JACKSON, LORRY
Address: 4881 SEDGEWOOD LANE
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: ROBINSON, SHELLEY
Address: 3179 CALUSA AVE.
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JACKSON, LORRY
Address: 4881 SEDGEWOOD LANE
City-St-Zip: NAPLES, FL 34112

Title: VP (X) Change () Addition
Name: ROBINSON, SHELLEY
Address: 3674 GRAND CYPRESS DRIVE
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRY JACKSON

P

05/01/2005

Electronic Signature of Signing Officer or Director

Date