

FILED
Jul 09, 2004 8:00 am
Secretary of State

54060740

DOCUMENT #		07-09-2004 90001 011 ***150.00	
1. Entity Name Pb30000086452 SLS of P.B.C., Inc			
Principal Place of Business 4330 VERMONT AVE LAKE WORTH, FL 33461 US		Mailing Address 4330 VERMONT AVE LAKE WORTH, FL 33461 US	
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		7. Name and Address of New Registered Agent	
Name		Name	
Street Address		John Porter Accounting	
		400 S. Federal Hwy. • Suite 404	
City		Boynton Beach, FL 33435	
		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.		4. FEI Number 56-2384133	
SIGNATURE <i>[Signature]</i>		5. Certificate of Status Desired - [] - \$8.75 Additional Fee Required --	
Date: 07/06/04		Applied For [] Not Applicable	
FEE 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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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: <i>[Signature]</i>		Date: 7/6/04 Daytime Phone #: 965-0563	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

JOHN PORTER ACCOUNTING
400 S. FEDERAL HWY. STE 404
BOYNTON BEACH, FL. 33435
(561) 752 - 5994 TELEPHONE

574060740

Attachment

#P03000086452

JULY 06, 2004

TO: SECRETARY OF STATE, FLORIDA

RE: SLS OF P.B.C., INC.

WE ARE ASKING THAT YOU PLEASE ABATE THE LATE FILING PENALTY FOR THE CORPORATE ANNUAL REPORT. THIS WAS THE FIRST TIME THEY HAVE EVER BEEN INCORPORATED AND DID NOT HAVE KNOWLEDGE OF THIS REPORT OR FEE NEEDED TO BE PAID. ALSO, THIS IS AN LONG HAULING TRUCKING COMPANY AND THE PRESIDENT WAS TRAVELING WHEN THE REPORT WAS DUE. ENCLOSED IS A CHECK AND THE REPORT FOR 2004. THANKING YOU IN ADVANCE FOR YOUR COOPERATION.

JOHN PORTER, ACCOUNTANT AND REGISTERED AGENT

