

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

02-16-2004 90031 017 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000114847 1. Entity Name JACK SLAYTER CONSTRUCTION, INC.																																					
Principal Place of Business 6808 SW 9 STREET OKEECHOBEE FL 34974			Mailing Address 6808 SW 9 STREET OKEECHOBEE FL 34974																																		
2. Principal Place of Business 6808 SW 9th Street Suite, Apt. #, etc.		3. Mailing Address 6808 SW 9th Street Suite, Apt. #, etc.																																			
City & State Okeechobee FL Zip 34974		City & State Okeechobee Florida Zip 34974		4. FEI Number 20-0291574																																	
Country Okeechobee		Country Okeechobee		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent SLAYTER, JACK 6808 SW 9 STREET OKEECHOBEE FL 34974			7. Name and Address of New Registered Agent Name JACK SLAYTER Street Address (P.O. Box Number Not Acceptable) 6808 SW 9th Street City Okeechobee FL Zip Code 34974																																		
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 <u><i>Jack Slayter</i></u> JACK SLAYTER OWNER 10 FEB 04 Signature of typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PRESIDENT JACK SLAYTER 6808 SW 9th St Okeechobee FL 34974 ☐ Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JACK SLAYTER 6808 SW 9th St Okeechobee FL 34974 ☐ Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> ☐ Change ☐ Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u><i>Jack Slayter</i></u> JACK SLAYTER 10 FEB 04 863-763-2265 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone																																					