

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000114847		
1. Entity Name JACK SLAYTER CONSTRUCTION, INC.		

Principal Place of Business 6808 SW 9TH ST. OKEECHOBEE FL 34974	Mailing Address 6808 SW 9TH ST. OKEECHOBEE FL 34974
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2. Principal Place of Business 6808 SW 9TH ST Suite, Apt. #, etc.	3. Mailing Address 6808 SW 9TH ST Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State Okeechobee Florida	City & State Okeechobee Florida
Zip 34974	Zip 34974
Country OKEECHOBEE	Country OKEECHOBEE

4. FEI Number 20-0291574	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SLAYTER, JACK 6808 SW 9TH ST. OKEECHOBEE FL 34974	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLAYTER, JACK 6808 SW 9TH ST. OKEECHOBEE FL 34974	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000427947 02/21/06-80027-019 150.00	☐ Change	☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: JACK SLAYTER 4 FEB 06 863-763-2265