

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90138 005 ***550.00

DOCUMENT # P03000132936
 1. Entity Name
 SLABAUGH COMPANIES INCORPORATED



Principal Place of Business Mailing Address
 1327 STOEBER AVENUE 1327 STOEBER AVENUE
 SARASOTA, FL 34232 SARASOTA, FL 34232

50065197



2. Principal Place of Business 3. Mailing Address
 1177 Cattlemen Rd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite #101
 City & State City & State
 Sarasota, FL
 Zip Country Zip Country
 34232 USA.

06292005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 200398573 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
 SLABAUGH, ANTHONY
 1327 STOEBER AVENUE
 SARASOTA, FL 34232
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005
 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	DPT SLABAUGH, ANTHONY 1327 STOEBER AVENUE SARASOTA, FL 34232 <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	DVS SLABAUGH, AINE 1327 STOEBER AVENUE SARASOTA, FL 34232 <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: Anthony W. Slabaugh Anthony W. Slabaugh 9-2-05 941-302-2283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #