## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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## FILED **DOCUMENT # P03000144106** SL TRADING GROUP INC. 04 OCT -7 AM 11: 35 SECRETARY OF STATE TALLAHASSI E. FLORIDA Principal Place of Business Mailing Address 2775 TIGERS EYE PASS 2775 TIGERS EYE PASS, CLEARWATER, FL 33760 CLEARWATER, FL 33760 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulte, Apr. #, etc. CR2E034 (10/03) 07202004 4. FEI Number 27 - 0105589 Applied For City & State City & State Zin Country Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LENHARDT, SHEILA Street Address (P.O. Box Number is Not Acceptable) 2775 TIGERS EYE PASS CLEARWATER, FL 33760 City 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, typed or printed name of registered agant and title if applicable. (NOTE: Represed Agon signature required when remateung) CATE 9. Election Campaign Financing \$5.00 мау ве FILE NOW!!! FEE IS \$150.00 in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE DPST . Detete TILE Change Addition LENHARDT, SHEILA MAKE 2775 TIGERS EYE PASS STREET ADORESS STREET ADDRESS CTTY-ST-ZIP CLEARWATER, FL. 33760 CITY-ST-ZP TITLE ... Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTY-ST-79 TITLE Detete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 1114-21-71b CITY-ST-ZIP 🗆 Deleta TITLE TITLE ☐ Change Addition MARE STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZP Detete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z0P CITY-ST-ZP TITLE " Detete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-29 12. I hereby certify that the information supplied with this filling 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 of 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 of the facelyer 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. changed, or on an attac SIGNATURE: onell a T17819 1 MEST TORREST WITH TARREST BUTTON r Ile II

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