

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000009864

Entity Name: SLSM INCORPORATION, INC.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

19 HEMLOCK TER WAY  
OCALA, FL 34472

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1869  
INVERNESS, FL 34451

## New Mailing Address:

FEI Number: 20-0137874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ST. LOUIS, HAN  
19 HEMLOCK TER WAY  
OCALA, FL 34472 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ST. LOUIS, HAN  
Address: 24050 ORLEAN LN  
City-St-Zip: MURRIETA, CA 92562

Title: D ( ) Delete  
Name: ST. LOUIS, II, BERTRAND S  
Address: 24050 ORLEAN LN  
City-St-Zip: MURRIETA, CA 92562

Title: D ( ) Delete  
Name: ST. LOUIS, WILSON  
Address: 396 SE 12 ST  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: ST. LOUIS, BERTRAND  
Address: 24050 ORLEAN LN  
City-St-Zip: MURRIETA, CA 92562

Title: D ( ) Delete  
Name: LEONG, FRANCIS  
Address: 3572 SUNNYHAVEN DR  
City-St-Zip: SAN JOSE, CA 95117

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILSON ST. LOUIS

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date