

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90015 017 \*\*\*150.00

DOCUMENT # P04000065098

1. Entity Name

SLAWSONGS, INC.



Principal Place of Business

440 EAST MERRIMAC DR.  
MERRITT ISLAND FL 32952

Mailing Address

440 EAST MERRIMAC DR.  
MERRITT ISLAND FL 32952

2. Principal Place of Business

235 Quail Drive  
Suite, Apt. #, etc.

3. Mailing Address

235 Quail Drive  
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Merritt Island, FL

Zip  
32953

Country  
USA

City & State

Merritt Island, FL

Zip  
32953

Country  
USA

4. FEI Number

20-1051200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SLAWSON, BRIAN M  
440 EAST MERRIMAC DR.  
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name - Slawson, Brian M.  
Street Address (P.O. Box Number is Not Acceptable)

235 Quail Drive

City Merritt Island

FL

Zip Code 32953

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

*Brian M. Slawson*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/05

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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

TITLE	PT	<input type="checkbox"/> Delete
NAME	SLAWSON, BRIAN M	
STREET ADDRESS	440 EAST MERRIMAC DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	

TITLE	V	<input type="checkbox"/> Delete
NAME	SLAWSON, JOAN M	
STREET ADDRESS	440 EAST MERRIMAC DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	

TITLE	S	<input type="checkbox"/> Delete
NAME	PIERPONT, DONNA	
STREET ADDRESS	440 EAST MERRIMAC DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAWSON, BRIAN M.	
STREET ADDRESS	235 Quail Drive	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAWSON, JOAN M	
STREET ADDRESS	235 Quail Drive	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Brian M. Slawson*

BRIAN M. SLAWSON

3/7/05

321.453.6342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #