

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006 8:00 am
Secretary of State

07-03-2006 90001 014 ***150.00

DOCUMENT # P04000073166 1. Entity Name ROBERT SLACK FINE ART, INC.					
Principal Place of Business 14050 NW C326 MORRISTON, FL 32668			Mailing Address 14050 NW C326 MORRISTON, FL 32668		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 42-1636942	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SLACK, ROBERT 14050 NW C326 MORRISTON, FL 32668				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3060 SW 53rd Street City Ocala FL Zip Code 34474	
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SLACK, ROBERT 14050 NW C326 MORRISTON, FL 32668	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLACK, NORA 14050 NW C326 MORRISTON, FL 32668	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:			6.25.06 / 352 6907671		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT
DUGGAN, JOINER & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS
334 NORTHWEST THIRD AVENUE
OCALA, FL 34475
(352) 732-0171

40097687
#P04000073166

DATE 6/23/06

FILING INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT

2006

Robert Slack Fine Art, Inc.

ATTACH A CHECK PAYABLE TO DEPARTMENT OF STATE IN THE AMOUNT OF \$ 150.00.

DATE AND SIGN WHERE CHECKED IN RED. MAIL IN ATTACHED ENVELOPE AS SOON AS POSSIBLE. PLEASE INCLUDE A COVER LETTER REQUESTING A PENALTY ABATEMENT AND INDICATING THAT THE DEPARTMENT OF STATE DID NOT GET YOUR CHANGE OF ADDRESS, AND THEREFORE YOU DID NOT RECEIVE YOUR FILING NOTIFICATION.

IF YOUR PENALTY ABATEMENT REQUEST IS DENIED, THE DEPARTMENT OF REVENUE WILL ISSUE A PENALTY FOR LATE FILING IN THE AMOUNT OF \$ 400.00

RETAIN A DUPLICATE COPY FOR YOUR RECORDS. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS.