

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90044 036 \*\*\*158.75

**DOCUMENT # P04000100847**

1. Entity Name  
**E. SLOCUM INVESTMENT, INC.**



Principal Place of Business  
**6257 NW 18 AVE  
MIAMI, FL 33147**

Mailing Address  
**6257 NW 18 AVE  
MIAMI, FL 33147**

2. Principal Place of Business  
**6257 N.W. 18th Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**3320 N.W. 69th St.**  
Suite, Apt. #, etc.



02112005 Chg-P CR2E034 (10/03)

City & State  
**Miami, FL**  
Zip  
**33147**

Country

City & State  
**Miami, FL**  
Zip  
**33147**

Country

4. FEI Number  
**14911703**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**DANIELS, LOLA  
6257 NW 18 AVE  
MIAMI, FL 33147**

## 7. Name and Address of New Registered Agent

Name **MONIQUE DEVEAUX**  
Street Address (P.O. Box Number is Not Acceptable)  
**3320 N.W. 69th Street**  
City **Miami** FL Zip Code **33147**

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 *Monique Deveau*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **SLOCUM, CHARLES**  
STREET ADDRESS **13920 NW 14 AVE**  
CITY-ST-ZIP **MIAMI, FL 33167**

TITLE **D** ☐ Delete  
NAME **SLOCUM, EVERETTE**  
STREET ADDRESS **3320 NW 69 ST**  
CITY-ST-ZIP **MIAMI, FL 33147**

TITLE **D** ☒ Delete  
NAME **DANIELS, LOLA**  
STREET ADDRESS **13920 NW 14 AVE**  
CITY-ST-ZIP **MIAMI, FL 33167**

TITLE **D** ☒ Delete  
NAME **WILLIAMS, LASHARN**  
STREET ADDRESS **1491 NW 43 ST**  
CITY-ST-ZIP **MIAMI, FL 33142**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition  
NAME **Slocum, Charles**  
STREET ADDRESS **13920 NW 14th Ave.**  
CITY-ST-ZIP **Miami, FL 33167**

TITLE **D/P** ☒ Change ☐ Addition  
NAME **Slocum, EVERETTE SR**  
STREET ADDRESS **3320 NW 69th ST**  
CITY-ST-ZIP **Miami, FL 33147**

TITLE **D** ☒ Change ☐ Addition  
NAME **Slocum, EVERETTE JR.**  
STREET ADDRESS **3471 NW 809th Terr**  
CITY-ST-ZIP **Miami, FL 33056**

TITLE **S** ☒ Change ☐ Addition  
NAME **DEVEAUX, MONIQUE**  
STREET ADDRESS **3320 NW 69th ST**  
CITY-ST-ZIP **Miami, FL 33147**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Everette W. Slocum* 11/27/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #