

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90174 039 \*\*\*150.00

**DOCUMENT # P04000114240**

1. Entity Name  
**BRIAN SLATTERY & ASSOCIATES, INC.**



Principal Place of Business  
**240 SUNSET WAY  
PALM HARBOR, FL 34683**

Mailing Address  
**240 SUNSET WAY  
PALM HARBOR, FL 34683**

2. Principal Place of Business - No P.O. Box #  
**322 LAGOON DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**322 LAGOON DRIVE**  
Suite, Apt. #, etc.



03132007 Chg-P CR2E034 (12/06)

City & State  
**PALM HARBOR, FL**  
Zip  
**34683** Country

City & State  
**PALM HARBOR, FL**  
Zip  
**34683** Country

4. FEI Number  
**20-1451928** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SLATTERY, BRIAN P  
240 SUNSET WAY  
PALM HARBOR, FL 34683**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**322 LAGOON DRIVE**

City **FL** 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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **SLATTERY, BRIAN P**  
STREET ADDRESS **240 SUNSET WAY**  
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **322 LAGOON DRIVE**  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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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 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: *Brian Slattery*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/30/07*