

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90150 047 ***150.00

DOCUMENT # P04000152045			
1. Entry Name SALAC ASSOCIATES, INC.			
Principal Place of Business 5917 FLATWOODS MANOR CIRCLE LATHIA, FL 33547		Mailing Address 5917 FLATWOODS MANOR CIRCLE LATHIA, FL 33547	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04252005 Chg-P CR2E034 (10/03)	
4. FE Number 73-1694701		Applied Fee Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SALAC, MARY L 5917 FLATWOODS MANOR CIRCLE LATHIA, FL 33547		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 is filed on or in name of registered agent and must be acceptable) (NOTE: Registered Agent is required when new office) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SALAC, MARY L 5917 FLATWOODS MANOR CIRCLE LATHIA, FL 33547 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Decrees 110 07(3)(M). 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 to an address, with all other like employees.			
SIGNATURE: <i>Mary Lynn Salac</i>		4-25-05	
SIGNATURE AND CHECKED NAME OF REGISTERED OFFICER OR DIRECTOR		DATE	