

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000131

**FILED
Jan 28, 2009
Secretary of State****Entity Name:** MARY T SLAY, INC.**Current Principal Place of Business:**677 SW BASCOM NORRIS DRIVE
101
LAKE CITY, FL 32025**New Principal Place of Business:****Current Mailing Address:**677 SW BASCOM NORRIS DRIVE
101
LAKE CITY, FL 32025**New Mailing Address:****FEI Number:** 14-1919694**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SLAY, MARY T
677 SW BASCOM NORRIS DR
101
LAKE CITY,, FL 32055 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent_____
Date**Election Campaign Financing Trust Fund Contribution ().****OFFICERS AND DIRECTORS:****Title:** DIR () Delete
Name: SLAY, MARY T
Address: 1316 NW FRONTIER DRIVE
City-St-Zip: LAKE CITY, FL 32055**Title:** DIR () Delete
Name: SLAY, MARVIN H
Address: 1316 NW FRONTIER DRIVE
City-St-Zip: LAKE CITY, FL 32055**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY T. SLAY

DIR

01/28/2009

Electronic Signature of Signing Officer or Director_____
Date