

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000036186

1. Entity Name
S.L.W. SALES, INC.



Principal Place of Business
5631 ROCKWOOD AVENUE
ORLANDO, FL 32839 US

Mailing Address
5631 ROCKWOOD AVENUE
ORLANDO, FL 32839 US

DO NOT WRITE IN THIS SPACE



44232007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2457901

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WINDSOR, SHARON
5631 ROCKWOOD AVENUE
ORLANDO, FL 32839

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IN THIS SPACE

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 \$510.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WINDSOR, SHARON
STREET ADDRESS	5631 ROCKWOOD AVENUE
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/23/07-80062-006 158.75

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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 authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of this report.

SIGNATURE:

Sharon Windsor

4/28/07

716-681-0456

SIGNATURE AND TYPED OR PRINTED NAME OF SLD AND OFFICER OR DIRECTOR

Date

Daytime Phone #