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Secretary of State

02-14-2008 90018 041 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000006342
 1. Entity Name
 THOMAS L SLAUGHTER, PA



Principal Place of Business Mailing Address
 511 JANICE PLACE 511 JANICE PLACE
 INDIAN ROCKS BEACH, FL 33785 US INDIAN ROCKS BEACH, FL 33785 US

66004097



DO NOT WRITE IN THIS SPACE

02052008 No Chg-P CR2E034 (11/05)
 4. FEI Number Applied For
 20-4096156 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
 SLAUGHTER, THOMAS L
 511 JANICE PLACE
 INDIAN ROCKS BEACH, FL 33785

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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 *Thomas L Slaughter* President DATE 2-5-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. SLAUGHTER, THOMAS L 511 JANICE PLACE INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.D. BODIE, LISA 511 JANICE PLACE INDIAN ROCKS BEACH, FL 33785
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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 an officer like empowered.
 SIGNATURE: *Thomas L Slaughter* President DATE 3-6-08 DEVICE PHONE # 727-596-5635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Device Phone #