

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000116689

1. Entity Name

SLS INVESTMENTS, INC.



FILED

08 JUL -7 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

146 2ND STREET NORTH
SUITE 105
ST PETERSBURG FL 33701

Mailing Address

231 21ST AVE
ST PETE BCH FL 33706

2. Principal Place of Business - No P.O. Box #

735 ARLINGTON AVE

3. Mailing Address

Suite, Apt. #, etc.
112

1st MOORE

CR2E034 (10/07)

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

AP-PLIED FOR

Applied For

Not Applicable

Zip
33701

Country
PINELANDS

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JEFFRIES, DAVID M
BANK OF AMERICA PLAZA
STE 3000 101 E KENNEDY BLVD
TAMPA FL 00602-5884

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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]

PRES.

4/15/08

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent's signature required when terminating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES ☐ Delete
NAME AUSEC, LANCE R
STREET ADDRESS 231 21ST AVE
CITY-ST-ZIP ST. PETE BEACH FL 33701

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
CITY-ST-ZIP
300131634043
06/24/08--01002--021 **\$300.00

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
207/10

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Month/Year

4-15-08