



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90018 041 \*\*\*150.00

<b>DOCUMENT # P07000053425</b> 1. Entity Name <b>SLOWSON INC</b>					
Principal Place of Business <b>1107 1ST STREET SOUTH APT. #B</b> <b>JACKSONVILLE BEACH, FL 32250 US</b>			Mailing Address <b>1107 1ST STREET SOUTH APT. #B</b> <b>JACKSONVILLE BEACH, FL 32250 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country			
4. FEI Number 01142008 Chg-P CR2E034 (12/06)				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION AGENTS, INC.</b> <b>13302 WINDING OAKS BLVD</b> <b>SUITE A-100</b> <b>TAMPA, FL 33612-3425</b>	
7. Name and Address of New Registered Agent Name <b>KEVIN SLOWEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1107 1ST STREET SOUTH, APT. #B</b> City <b>JACKSONVILLE BEACH</b> FL <b>32250</b>				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 <u><i>Kevin A. Slowey</i></u> DATE <u>1/14/08</u> <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SLOWEY, KEVIN 1107 1ST STREET SOUTH APT. #B JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES SLOWEY, KEVIN 1107 1ST STREET SOUTH APT. #B JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 507, 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: <u><i>Kevin A. Slowey</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>1/14/08</u> DAYTIME PHONE # <u>904-338-3363</u>		