

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P10000058825

**FILED**  
**Oct 05, 2012**  
**Secretary of State**

**Entity Name:** SLOAN MANAGEMENT CORP

**Current Principal Place of Business:**

734 SW MYAKKA RIVER TRACE  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

109 PARADISE HARBOR BLVD  
201  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

734 SW MYAKKA RIVER TRACE  
PORT SAINT LUCIE, FL 34986

**New Mailing Address:**

109 PARADISE HARBOR BLVD  
201  
NORTH PALM BEACH, FL 33408

**FEI Number:** 80-0626268

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SLOAN, JASON C  
734 SW MYAKKA RIVER TRACE  
PORT SAINT LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

SLOAN, JASON C  
109 PARADISE HARBOR BLVD  
201  
NORTH PALM BEACH, FL 33408 US

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:

10/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SLOAN, JASON C  
Address: 109 PARADISE HARBOR BLVD #201  
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby 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 all other like empowered.

SIGNATURE: JASON C SLOAN

P

10/05/2012

Electronic Signature of Signing Officer or Director

Date