

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P22370

1. Entity Name  
SLOKE ASSOCIATES, INC.



Principal Place of Business  
P.O. BOX 7665  
MOBILE, AL 36670-7665

Mailing Address  
P.O. BOX 7665  
MOBILE, AL 36670-7665

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**63-0804668**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CHAIRES, GREGORY A  
111 N. ORANGE AVE  
STE 900  
ORLANDO, FL 32801

**DO NOT WRITE  
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 fee if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000121773  
04/21/04-80002-014 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLOKE, JOHN M. 1951 SPRINGHILL AVE MOBILE, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD SLOKE, ANGELA P. 1951 SPRINGHILL AVE MOBILE, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PIERCE, BLANCHE R. 114 BARATARA DR. CHICKASAW, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04 (251) 473-3682