


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000016199**  
 1. Entity Name  
**SLAM DUNK, INC.**



Principal Place of Business      Mailing Address  
**303 4TH AVE. S.E.**      **303 4TH AVE. S.E.**  
**RUSKIN, FL 33570**      **RUSKIN, FL 33570**

**DO NOT WRITE IN THIS SPACE**



04252008    No Chg-P    CR2E034 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>NOT APPLICABLE</b>                    | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**  
**CARR, PAUL S**  
**303 4TH AVE. S.E.**  
**RUSKIN, FL 33570**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000941320  
 05/28/08 00102 015 150.00

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>TICHY, FRANK J JR.<br>303 4TH AVE. S.E.<br>RUSKIN, FL 33570 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>TICHY, DONALD J<br>303 4TH AVE. S.E.<br>RUSKIN, FL 33570    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>TICHY, DAWN<br>301 CAMPUS DRIVE<br>RUSKIN, FL 33570         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 all other like empowered.

SIGNATURE: Frank J Tichy      4/29/08      (813) 645-9131  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #