

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000065082

1. Entity Name  
TEGAN SLATON, P.A.



Principal Place of Business

513 WHITEHEAD STREET  
KEY WEST, FL 33040

Mailing Address

513 WHITEHEAD STREET  
KEY WEST, FL 33040

FILED

04 OCT -1 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05122004

No Chg-P

CR2E034 (10/03)

4. FEI Number  
65-0521330

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

SLATON, TEGAN  
513 WHITEHEAD STREET  
KEY WEST, FL 33040

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME SLATON, TEGAN  
STREET ADDRESS 513 WHITEHEAD STREET  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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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:

TEGAN SLATON 9/1/04 (305) 295-8990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #