


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2005 8:00 am
Secretary of State

07-26-2005 90025 009 ***150.00

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		
2. Principal Place of Business 415 EATON STREET		3. Mailing Address 415 EATON STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Key West, FL		City & State Key West, FL		4. FEI Number 65-0521330	
Zip 33040		Country MONROE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SLATON, TEGAN 513 WHITEHEAD STREET KEY WEST, FL 33040			7. Name and Address of New Registered Agent Name TEGAN SLATON Street Address (P.O. Box Number is Not Acceptable) 415 EATON STREET City KEY WEST FL 33040		
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>Tegan Slaton</u> TEGAN SLATON 7/21/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLATON, TEGAN 513 WHITEHEAD STREET KEY WEST, FL 33040	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEGAN SLATON 415 EATON STREET KEY WEST, FLORIDA 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>Tegan Slaton</u> TEGAN SLATON 7/21/05 (305) 295-8990 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					