


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90153 010 ***150.00

DOCUMENT # P95000088905	
1. Entity Name SLP SYSTEMS, INC.	

Principal Place of Business RT 9 BOX 785-12 LAKE CITY FL 32055 US	Mailing Address P O BOX 1865 LAKE CITY FL 32056 US
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2. Principal Place of Business 589 SW Meadow Ter. Suite, Apt. #, etc.	3. Mailing Address 589 SW Meadow Ter. Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State Lake City FL	City & State Lake City FL
Zip 32055	Zip 32056
Country Columbia	Country Columbia

4. FEI Number 59-3353517	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SWARTZ, GREG RT 9 BOX 785-12 LAKE CITY FL 32055 589 SW Meadow Ter. 32054	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWARTZ, GREG RT 9 BOX 785-12 LAKE CITY FL 32055 589 SW Meadow Ter. 32054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Greg Swartz Greg Swartz 4/16/06 (386) 758-1734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #