

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000020764

Entity Name
SLATTERY INSURANCE SERVICES, INC.



Principal Place of Business
**162 HARBOUR GREENS DR
LAKEWORTH, FL 33467-833 US**

Mailing Address
**6162 HARBOUR GREENS DR
LAKEWORTH, FL 33467-833 US**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0733803

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BAUERBERG, ERIC M PA
110 VILLAGE SQUARE CROSSING STE 102
PALM BEACH GARDENS, FL 33410**

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IN THIS SPACE**

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**1100000397175
01/30/06-80040-006 150.00**

OFFICERS AND DIRECTORS

PSTD
SLATTERY, KAY-FRANCES
6162 HARBOUR GREENS DRIVE
LAKE WORTH, FL 33467

D
SLATTERY, KATHLEEN M
1104 ORINOCO WAY
PALM BCH GARDENS, FL 33410

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IN THIS SPACE**

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: *Kay Frances Slattery*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-06 561-968-7230
Date Daytime Phone #