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Apr 07,
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**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000033751 1. Entity Name SLATER GROUP, INC.		
Principal Place of Business 1720 EL JOBEAN RD STE 201 PORT CHARLOTTE, FL 33948	Mailing Address 1720 EL JOBEAN RD STE 201 PORT CHARLOTTE, FL 33948	
DO NOT WRITE IN THIS SPACE		
		04032006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0852684
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SLATER, JEFFREY T 13479 ISABELL AVE PORT CHARLOTTE, FL 33981		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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000498261 04/22/06-80006-018 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLATER, JEFFREY T 1720 EL JOBEAN RD, STE 201 PORT CHARLOTTE, FL 33948	
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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:  JEFFREY T. SLATER		Date 4/3/06 (941) Daytime Phone # (625-8048)