
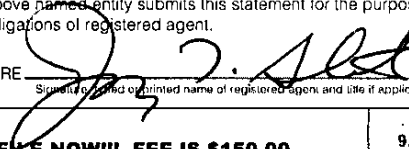
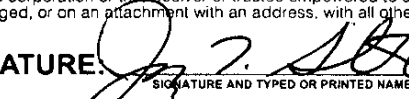


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90235 049 \*\*\*150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>15540 RUSTON CIRCLE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>PORT CHARLOTTE, FL</b>			
Zip	Country	Zip	Country	4. FEI Number <b>65-0852684</b>	
<b>33981</b>	<b>CHARLOTTE</b>	<b>33981</b>	<b>CHARLOTTE</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent SLATER, JEFFREY T 9382 ROSEBUD CIRCLE PORT CHARLOTTE, FL 33981			7. Name and Address of New Registered Agent Name: <b>JEFFREY T. SLATER</b> Street Address (P.O. Box Number is Not Acceptable): <b>15540 RUSTON CIRCLE</b> City: <b>PORT CHARLOTTE</b> FL Zip Code: <b>33981</b>		
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:  <b>JEFFREY T. SLATER</b> <b>4/27/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SLATER, JEFFREY T 1720 EL JOBEAN RD, STE 201 PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JEFFREY T. SLATER 15540 RUSTON CIRCLE PORT CHARLOTTE, FL 33981
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <b>JEFFREY T. SLATER (PRESIDENT)</b> <b>4/27/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					