

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90114 006 \*\*\*150.00

**DOCUMENT # P98000052923**

1. Entity Name  
SLRK, INC.



Principal Place of Business  
557 WYMORE ROAD NORTH  
SUITE 101  
MAITLAND, FL 32751 US

Mailing Address  
P.O. BOX 941483  
MAITLAND, FL 32794-1483 US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



02242006 Chg-P CR2E034 (11/05)

4. FEI Number  
59-3516618

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
ICARDI, JEFFREY A  
549 WYMORE ROAD NORTH  
STE 109  
MAITLAND, FL 32751

7. Name and Address of New Registered Agent  
Name Icardi, Jeffrey A.  
Street Address (P.O. Box Number is Not Acceptable)  
2180 West State Road 434  
Suite 6190  
City Longwood FL Zip Code 32779

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 [Signature] DATE 2/24/06

Signature, typed or printed name of registered agent and title if applicable (NONE Registered Agent signature required when reinstating)

**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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISOLA, ROBERT E 557 WYMORE ROAD NORTH SUITE 101 MAITLAND, FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: [Signature] Date 2/27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

ATTACHMENT

20016121  
# P98000052923

**ICARDI & ICARDI, P.A.**

2180 W. STATE ROAD 434, STE. 6190

LONGWOOD, FL 32779

POST OFFICE BOX 1656

MAITLAND, FL 32794-1656

407-647-1859

FAX: 407-647-3224

# *Transmittal Memorandum*

Date: March 3, 2006

## TO:

Secretary of State  
Division of Corporations  
Annual Report Filings  
PO Box 6198  
Tallahassee, FL 32314-6198

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RE: SLRK, INC.

## SUBJECT:

Enclosed are the 2006 Annual Report for SLRK, Inc. and a check in the sum of \$150.00.

cc: Steve Provost  
Karem Duggal