2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State
01-24-2008 90028 001 ***150.00

DOCUMENT # P98000084890

1. Entity Name
SLINKMAN AND SLINKMAN, P.A.

Principal Place of Business	Mailing Address
1401 FORUM WAY, SUITE 201 W. PALM BCH, FL 33401	1401 FORUM WAY, SUITE 201 W. PALM BCH, FL 33401

01092008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1015 West Indiantown Rd.		1015 West Indiantown Rd.	
Suite, Apt. #, etc.: Suite 101-A		Suite, Apt. #, etc.: Suite 101-A	
City & State: Jupiter, Fl		City & State: Jupiter, Fl	
Zip: 33458	Country: U.S.	Zip: 33458	Country: U.S.

4. FEI Number: 65-0871162 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SLINKMAN, F. KENDALL
1401 FORUM WAY, SUITE 201
W. PALM BCH, FL 33401

7. Name and Address of New Registered Agent

Name: Slinkman, ~~[illegible]~~ Richard K.
1015 West Indiantown Rd., Ste. 101-A
Street Address (P.O. Box Number is Not Acceptable)
Jupiter,
City FL Zip Code 33458

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 X [signature] 1/22/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
RICHARD K. SLINKMAN, VICE PRESIDENT

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SLINKMAN, F. KENDALL 1400 S. ATLANTIC DR., E. LANTANA, FL 33462	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SLINKMAN, RICHARD 18151 SE RIDGEVIEW DR. TEQUESTA, FL 33469	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: X [signature] 1/22/08 561-686-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Richard K. Slinkman, Vice President