

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026127

Entity Name: NO SLACK VENTURES, INC.

FILED  
Apr 19, 2009  
Secretary of State

## Current Principal Place of Business:

9320 NW 13TH PL  
GAINESVILLE, FL 32606

## New Principal Place of Business:

## Current Mailing Address:

9320 NW 13TH PL  
GAINESVILLE, FL 32606

## New Mailing Address:

FEI Number: 59-3638117

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUZINS, JURIS  
9320 NW 13TH PL  
GAINESVILLE, FL 32606 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: LUZINS, JURIS  
Address: 9320 NW 13TH PL  
City-St-Zip: GAINESVILLE, FL 32606

Title: VSD ( ) Delete  
Name: MULLER, KEITH  
Address: 9320 NW 13TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JURIS LUZINS

PRD

04/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date