

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90010 012 ***150.00

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1. Entity Name

SLATE BULLDOZING, INC



Principal Place of Business

2129 N.E. 123 STREET
N. MIAMI FL 33181

Mailing Address

8812 SE MARINA BAY DR.
HOBE SOUND FL 33455

40015239



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

8812 SE MARINA BAY DRIVE
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOBE SOUND, FL.

City & State

Zip

33455

Country

U.S.A

Zip

Country

4. FEI Number

65-0275506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SLATE, MIKE
2129 N.E. 123 STREET
N. MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

SLATE, MIKE

Street Address (P.O. Box Number is Not Acceptable)

8812 SE MARINA BAY DRIVE

City

HOBE SOUND

FL

Zip Code

33455

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

Michael Slate Michael Slate

PRESIDENT

February 15, 05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SLATE, MIKE
STREET ADDRESS 8812 SE. MARINA BAY DR.
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Michael Slate Michael Slate

February 15, 05 305-401-6071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #