

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90045 049 \*\*\*150.00

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01192006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P99000079752</b> <small>1. Entry Name</small> <b>SLABBAGE GROUP R.P.B., INC.</b>					
<small>Principal Place of Business</small> <b>13155 N. INDIAN RIVER DR.</b> <b>SEBASTIAN, FL 32958</b>			<small>Mailing Address</small> <b>13155 N. INDIAN RIVER DR.</b> <b>SEBASTIAN, FL 32958</b>		
<small>2. Principal Place of Business</small> Suite, Apt. #, etc.		<small>3. Mailing Address</small> Suite, Apt. #, etc.			
<small>City &amp; State</small>		<small>City &amp; State</small>			
<small>Zip</small>	<small>Country</small>	<small>Zip</small>	<small>Country</small>	<small>4. FEI Number</small> <b>59-3600219</b>	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>	
<small>6. Name and Address of Current Registered Agent</small> <b>HANLON, M. TIMOTHY</b> <del>201 ROYAL POINCIANA BLVD</del> <b>PALM BEACH, FL 33480</b>				<small>7. Name and Address of New Registered Agent</small> <small>Name</small> _____ <small>Street Address (P.O. Box Number is Not Acceptable)</small> <b>340 ROYAL POINCIANA WAY</b> <b>SUITE #321</b> <small>City</small> <b>FL</b> <small>Zip Code</small> _____	
<small>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.</small> <small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2006 Fee will be \$550.00		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<small>10. OFFICERS AND DIRECTORS</small>			<small>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</small>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>PST</b> <b>BIRT, ROGER D II</b> <b>13155 N. INDIAN RIVER DRIVE</b> <b>SEBASTIAN, FL 32958</b>		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> <small>Delete</small> <input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> <small>Delete</small>		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> <small>Delete</small>		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> <small>Delete</small>		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> <small>Delete</small>		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>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.</small>					
<b>SIGNATURE:</b> <b>ROGER D. BIRT II</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1/19/06</b> <b>772-589-9662</b> <small>Date Daytime Phone #</small>		