

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/1

**FILED**  
**Sep 22, 2004 8:00 am**  
**Secretary of State**

09-01-2004 90001 047 \*\*\*150.00

|  |   |                           |  |     |  |
|--|---|---------------------------|--|-----|--|
| <b>DOCUMENT # P99000090627</b>   |   |                           |  |     |  |
| <b>1. Entity Name</b><br>SLUGCO, INC.  |   |                           |  |     |  |
| <b>Principal Place of Business</b><br>116 SAN MARCO AVE<br>ST AUGUSTINE, FL 32084  |   |                           | <b>Mailing Address</b><br><del>116 SAN MARCO AVE</del> <b>933 S. WHITNEY ST.</b><br>ST AUGUSTINE, FL 32084 |     |  |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b> |  |     |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.       |  |     |  |
| City & State   |   | City & State              |  |     |  |
| Zip  |   | Country                   |  | Zip |  |
| Country  |   | Country                   |  |     |  |
| <b>4. FEI Number</b><br>59-3604760   |   |                           |  |     |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |                           |  |     |  |
| <b>6. Name and Address of Current Registered Agent</b><br>LINDSEY, SCOTT E<br><del>116 SAN MARCO AVE</del><br>ST AUGUSTINE, FL 32084   |   |                           |  |     |  |
| <b>7. Name and Address of New Registered Agent</b>   |   |                           |  |     |  |
| Name   |   |                           |  |     |  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>933 S. WHITNEY ST.</b>  |   |                           |  |     |  |
| City <b>ST. AUGUSTINE</b> <b>FL</b> Zip Code <b>32084</b>  |   |                           |  |     |  |
| <b>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.</b>   |   |                           |  |     |  |
| SIGNATURE <u><i>Scott E. Lindsey</i></u> <b>8/30/04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>  |   |                           |  |     |  |
| <b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>  |   |                           |  |     |  |
| <b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |                           |  |     |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |                           |  |     |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>STD</b> <input type="checkbox"/> Delete<br>LINDSEY, SCOTT E T<br><del>3024 1 STREET</del><br>ST AUGUSTINE, FL 32084                      |                           |  |     |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                           |  |     |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                           |  |     |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                           |  |     |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                           |  |     |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                           |  |     |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |                           |  |     |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>933 S. WHITNEY ST.</b><br><b>ST. AUGUSTINE, FL 32084</b> |                           |  |     |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                           |  |     |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                           |  |     |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                           |  |     |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                           |  |     |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                           |  |     |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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.</b> |   |                           |  |     |  |
| SIGNATURE: <u><i>Scott E. Lindsey</i></u> <b>STD</b> <b>9/17/04</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR</small>  |   |                           |  |     |  |

SCOTT E. LINDSEY STD

Attachment

66433971

*Gospodarski & Company, Inc.*

*1720 AlA South-Unit E*

*St. Augustine, Fl. 320806*

*Bookkeeping-Tax Preparation*

*Office (904) 794-0327*

*Fax (904) 826-0434*

August 30, 2004

Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

RE: Slugco Inc. Doc. # P99000090627

Dear Sir or Madame,

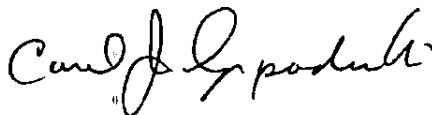
My client, Scott Lindsey (STD of Slugco Inc.) mailed your postcard on February 13, 2004, to receive his Corporation Annual Report Form, as he had no access to a computer. This Form was never received by him.

I am his bookkeeper and I did not notice that it hadn't been sent or paid. I am asking you to waive the penalty, as I feel it was my responsibility to keep him current on these matters.

Enclosed is a signed form and a check for \$150.00. Please note the change in the mailing address.

Thank you for your cooperation in this matter.

Sincerely,



Carol J Gospodarski



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

September 2, 2004

SLUGCO, INC.  
933 S. WHITNEY ST.  
ST AUGUSTINE, FL 32084

Subject: **SLUGCO, INC.**

Reference Number: **P99000090627**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/ML  
ANNUAL REPORTS SECTION