2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND

Mar 21, 2005 8:00 am **Secretary of State** DOCUMENT # P99000103133 03-21-2005 90095 041 ***158.75 SLC MANAGEMENT CORP. Principal Place of Business Mailing Address 1754 SANDY CIRCLE 1754 SANDY CIRCLE 20028210 CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 2. Principal Place of Business 3. Mailing Address 3943 S.E. 21st Place 3943 S.E. 21st Place Suite, Apt. #, etc. Suite, Apt. #, etc. 03122005 CR2E034 (10/03) Cha-P City & State City & State Applied For 4. FEI Number Cape Coral, Florida Cape Coral, Florida 65-0963534 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33904 33904 Lee Lee 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUCA, CHRISTOPHER J Street Address (P.O. Box Number is Not Acceptable) 3943 S.E. 21st Place 1754 SANDY CIRCLE CAPE CORAL, FL 33904 e derij. City Zip Code 3 3 9 0 4 <u> Cape Coral</u> 8. The above named thity symmits 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 a SIGNATURE Signature, typed or printed n (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPT TITLE ☐ Delete TITLE [X] Channe ☐ Addition NAME **DUCA, CHRISTOPHER J** NAME STREET ADDRESS 1754 SANDY CIRCLE STREET ADDRESS 3943 S. E. 21st Place CITY-ST-ZIP CAPE CORAL, FL 33904 CITY-ST-ZIP Cape Coral, FL 33904 TITLE ☐ Delete TITLE Change ☐ Addition DUCA, LIZABETH S NAME MARKE 3943 S.E. 21st Place STREET ADDRESS 1754 SANDY CIRCLE STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33904 CITY-ST-ZIP Cape Coral, FL 33904 TSTL F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 true 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 a raddress, with all other like empowered.

C. J. Duca,

President

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-2005 (239) 540-4138

Daviline Phone 9

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