

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000103133

1. Entity Name
SLC MANAGEMENT CORP.



Principal Place of Business
3943 SE 21ST PLACE
CAPE CORAL, FL 33904

Mailing Address
3943 SE 21ST PLACE
CAPE CORAL, FL 33904



02232006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0963534

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

DUCA, CHRISTOPHER J
3943 SE 21ST PLACE
CAPE CORAL, FL 33904

DO NOT WRITE
IN THIS SPACE

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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

118800946553
12/23/06-80015-008 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
DUCA, CHRISTOPHER J
3943 SE 21ST PLACE
CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DUCA, LIZABETH S
3943 SE 21ST PLACE
CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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 it 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christopher J. Duka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3-6-06
Date

Daytime Phone #