

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 292857

**Entity Name:** CERTIFIED SLINGS, INC.**Current Principal Place of Business:**310 W MELODY LANE  
CASSELBERRY, FL 32707**Current Mailing Address:**P.O. BOX 180127  
CASSELBERRY, FL 32718-0127 US**FEI Number:** 59-6064798**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WORSWICK, DOUGLAS J  
310 W MELODY LANE  
CASSELBERRY, FL 32707 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	CEOD
Name	WORSWICK, DOUGLAS J
Address	1625 GOLFSIDE DRIVE
City-State-Zip:	WINTER PARK FL 32792

Title	P/D
Name	WORSWICK, DENNIS E
Address	1881 BLUE RIDGE ROAD
City-State-Zip:	WINTER PARK FL 32789

Title	V/D
Name	PARKERSON, NICOLE R
Address	1129 N PENNSYLVANIA AVENUE
City-State-Zip:	WINTER PARK FL 32789

Title	V/D
Name	WORSWICK, ERIC J
Address	1450 LAKE BALDWIN LANE, APT B
City-State-Zip:	ORLANDO FL 32814

Title	V
Name	GAHNZ, CONNIE B
Address	1025 PINE SHADOW DRIVE
City-State-Zip:	APOPKA FL 32712

Title	V
Name	LAKE, DAVID B
Address	4311 FULTON CIRCLE
City-State-Zip:	FT MYERS FL 33905

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CONNIE B. GAHNZ

VP/CFO

03/27/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date