

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000026905

FILED
Mar 20, 2008
Secretary of State

Entity Name: S2L, INCORPORATED

Current Principal Place of Business:

531 VERSAILLES DR
STE 202
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

531 VERSAILLES DRIVE
SUITE 202
MAITLAND, FL 32751

New Mailing Address:

531 VERSAILLES DR
STE 202
MAITLAND, FL 32751

FEI Number: 59-3433432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BERKSON, GARY M
C/O MORAN & SHAMS, PA
111 NORTH ORANGE AVE., STE. 1200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

BERKSON, GARY M
MORAN KIDD LYONS JOHNSON & BERKSON, P.A.
111 NORTH ORANGE AVE., STE. 1200
ORLANDO, FL 32801 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:

03/20/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEVIN, SAMUEL B
Address: 531 VERSAILLES DRIVE, SUITE 202
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: LOUISE, MITCHELL G
Address: 531 VERSAILLES DRIVE, SUITE 202
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: MACKEY, ROBERT E
Address: 531 VERSAILLES DRIVE, SUITE 202
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: SMITH, OMAR E
Address: 8029 RIDGE VALLEY
City-St-Zip: WOODSTOCK, GA 30189

Title: D () Delete
Name: EDWARDS, WILLIAM J
Address: 531 VERSAILLES DRIVE, SUITE 202
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LOUISE G. MITCHELL

D

03/20/2008

Electronic Signature of Signing Officer or Director

Date