# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 24, 2004 8:00 am**
**Secretary of State**
03-24-2004 90023 033 ***150.00

DOCUMENT # L19986

1. Entity Name

SOLO DEVELOPMENT CORPORATION

44UZU718

MOORE CR2E034 (11/03)

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 568821 (328568821)<br>~~908 S. DELANEY AVE---~~<br>~~ORLANDO FL 32806-1275~~<br>US | P.O. BOX 568821 (328568821)<br>~~908 S. DELANEY AVE---~~<br>~~ORLANDO FL 32856-8821~~<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3333 S Orange Ave | P O Box 568821 |
| Suite, Apt. #, etc.: Suite 200 | Suite, Apt. #, etc. |
| City & State: Orlando FL | City & State: Orlando FL |
| Zip: 32806-8500 Country: US | Zip: 32856-8821 Country: US |

4. FEI Number 59-2977457 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CARTER, MAURY L.<br>~~908 S. DELANEY AVE~~<br>~~ORLANDO FL 32806~~ | Name<br>Street Address (P.O. Box Number is Not Acceptable): 3333 S Orange Ave, Suite 200<br>City: Orlando FL Zip Code: 32806-8500 |

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, 2004 Fee will be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVAT<br>POITRAS, JAMES W.<br>198 HIGHLAND ST<br>HOLLISTON MA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>POITRAS, PATRICIA T.<br>198 HIGHLAND ST<br>HOLLISTON MA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>POITRAS, EDWARD W.<br>~~27 B. MOORE RD~~<br>HAINES CITY FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br><br>27 Lk Hamilton Bch<br>Haines City FL 33844 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>POITRAS, KAY G<br>~~27 B. MOORE RD~~<br>HAINES CITY FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br><br>27 Lk Hamilton Bch<br>Haines City FL 33844 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DPAT<br>CARTER, MAURY L.<br>~~908 S. DELANEY AVE~~<br>~~ORLANDO FL~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br><br>3333 S Orange Ave, Suite 200<br>Orlando FL 32806-8500 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DAVP<br>CARTER, DARYL M.<br>~~908 S. DELANEY AVE~~<br>~~ORLANDO FL~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br><br>3333 S Orange Ave, Suite 200<br>Orlando FL 32806-8500 |

12. I hereby certify that the information supplied with this filing 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 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.

**SIGNATURE:** _____ Mar 15 04 407/422-3144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daryl M Carter — Date — Daytime Phone #

Attachment

#L19986

Additional Sheet 

44020718

ANNUAL RPORT

2004

SOLO DEVELOPMENT CORPORATION

Note: The following officers were omitted from the 2004 AR:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

| Description | Information | Status |
|---|---|---|
| TITLE | S | Addition |
| NAME | Wray, Pamela L. | |
| ADDRESS | 3333 S Orange Ave, Suite 200 | |
| CITY-ST-ZIP | Orlando FL 32806-8500 | |

| Description | Information | Status |
|---|---|---|
| TITLE | AT | Addition |
| NAME | Robert H Charron, CPA | |
| ADDRESS | 446 Main St | |
| CITY-ST-ZIP | Worcester MA 01608 | |