


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90133 033 ***150.00

DOCUMENT # L19986	
1. Entity Name SOLO DEVELOPMENT CORPORATION	

Principal Place of Business 3333 S ORANGE AVE STE 200 ORLANDO FL 32806-8500 US	Mailing Address P.O. BOX 568821 ORLANDO FL 32856-8821 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2977457		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARTER, MAURY L. 3333 S ORANGE AVE STE 200 ORLANDO FL 32806-8500		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAT POITRAS, JAMES W. 498 HIGHLAND ST HOLLISTON MA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3100 Springhead Ct St Cloud FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT POITRAS, PATRICIA T. 198 HIGHLAND ST HOLLISTON MA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3100 Springhead Ct St Cloud FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP POITRAS, EDWARD W 27 LK HAMILTON BCH HAINES CITY FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP POITRAS, KAY G 27 LK HAMILTON BCH HAINES CITY FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAT CARTER, MAURY L. 3333 S ORANGE AVE STE 200 ORLANDO FL 32806-8500 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVP CARTER, DARYL M. 3333 S ORANGE AVE STE 200 ORLANDO FL 32806-8500 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:  **Apr 16 05** **407/422-3144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40066168
L19986

Additional Sheet

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ANNUAL REPORT

2005

SOLO DEVELOPMENT CORPORATION

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

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

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

<u>Description</u>	<u>Information</u>	<u>Status</u>
TITLE	AT	<u>Addition</u>
NAME	Robert H Charron, CPA	
ADDRESS	1400 Computer Dr	
CITY-ST-ZIP	Westborough MA 01581	
