

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90015 043 ***150.00

DOCUMENT # P03000043306

1. Entity Name
FEA SOLIDARITY FUND, INC.



Principal Place of Business
**213 S ADAMS ST
 TALLAHASSEE, FL 32301**

Mailing Address
**213 S ADAMS ST
 TALLAHASSEE, FL 32301**

4002698Z



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02042008 Chg-P CR2E034 (12/06)

City & State
 City & State

4. FEI Number
90-0069110

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**MEYER, RONALD G ESQ
 2544 BLAIRSTONE PINES DR
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

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 reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORD, ANDY			NAME			
STREET ADDRESS	213 S ADAMS ST			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCALL, JOANNE			NAME			
STREET ADDRESS	213 S ADAMS STREET			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLACE, AARON			NAME			
STREET ADDRESS	213 S ADAMS STREET			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32304			CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE	D/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOK, CLARA			NAME			
STREET ADDRESS	213 S. ADAMS STREET			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 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: Aaron Wallace Aaron Wallace 2/6/08 850-222-4767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #