

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
May 18, 2005 8:00 am
Secretary of State

04-20-2005 90315 049 ***150.00

DOCUMENT # P03000067432 1. Entity Name AMERICAN SOLAR ENERGY, INC.	
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Principal Place of Business 11497-10 W. COLUMBIA PARK DRIVE JACKSONVILLE, FL 32258	Mailing Address 11497-10 W. COLUMBIA PARK DRIVE JACKSONVILLE, FL 32258
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66017720



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2370540	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent
**KRENN, MARK J
1858 MANDARIN ESTATES DRIVE
JACKSONVILLE, FL 32223**

**DO NOT WRITE
IN THIS SPACE**

9. 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 *Mark J Krenn* *President* *1/28/05*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRENN, MARK J 1858 MANDARIN ESTATES DR JACKSONVILLE, FL 32223
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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: *Mark J Krenn* *5/13/05* *(904) 268-8046*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #