2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 21, 2007 08:00 AM DOCUMENT # P05000025772 **Secretary of State** SOLID SOLUTIONS OF OCALA, INC. Principal Place of Business Mailing Address 3140 NE 45 ST OCALA FL 34479 3140 NE 45 ST **OCALA FL 34479** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3525881 Not Applicable Zip Country Ζıp Country \$8.75 Additional 5. Certificate of Status Desirod 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BULLARD, J. WARREN 18 NW THIRD AVE Stroot Address (P.O. Box Number is Not Acceptable) OCALA FL 34475 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice 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 it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition DILE ☐ Delete TITLE ☐ Change WARD, MICHAEL P NAME NAME U00000642364 3140 NE 45 ST STREET ADDRESS STREET ADDRESS 03/01/07-80041-013 150.00 **OCALA FL 34479** CITY-ST-ZIP CITY - ST - ZIP Change TITLE Addition ☐ Delete TITLE WARD, BETTY A NAME NAME 3140 NE 45 ST STREET ADDRESS STREET ADDRESS OCALA FL 34479 CITY-ST-ZIP CITY-SI-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY - ST - 7IP Delete INTE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP CITY ST-ZIP THTLE Delcie TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 eath; 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.

12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes, I further certify that the information

SIGNATURE: 151 / VIII WKN.D IN ICHITE L P. 2/15/07 352-538-084