2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 648786

1. Entity Name
SOLAR CITY, INC.

Principal Place of Business	Mailing Address
4305 W ALVA ST TAMPA, FL 33614	6420 BENJAMIN RD TAMPA, FL 33634-5112

02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2010522
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GINSBERG, MICHAEL D ESQ
6420 BENJAMIN RD
TAMPA, FL 33634-5112

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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

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

UUUUU048496
02/12/04-80079-023 158.75

10. OFFICERS AND DIRECTORS

TITLE	PDTS
NAME	SCHABES, ROBERT J. ,JR.
STREET ADDRESS	6420 BENJAMIN RD
CITY-ST-ZIP	TAMPA, FL 336345112
TITLE	CD
NAME	BENTLEY, CHARLES W.,II
STREET ADDRESS	6420 BENJAMIN RD
CITY-ST-ZIP	TAMPA, FL 336345112
TITLE	V
NAME	LARGE, STEVEN
STREET ADDRESS	6420 BENJAMIN RD
CITY-ST-ZIP	TAMPA, FL 336345112
TITLE	V
NAME	SCHABES, ROBERT W
STREET ADDRESS	6420 BENJAMIN RD
CITY-ST-ZIP	TAMPA, FL 336345112
TITLE	V
NAME	MILLAR, TROY S
STREET ADDRESS	6420 BENJAMIN RD
CITY-ST-ZIP	TAMPA, FL 336345112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Robert J. Schabes, Jr. 2/10/04 (813)881-1988 Ext 223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #