

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 460330

FILED  
Feb 03, 2005  
Secretary of State

Entity Name: STEVEN P. SOLOMON ENTERPRISES, INC.

## Current Principal Place of Business:

6451 19TH STREET EAST (SARASOTA, FL)  
P. O. BOX 1726  
ONECO, FL 34264

## New Principal Place of Business:

## Current Mailing Address:

6451 19TH STREET EAST (SARASOTA, FL)  
P. O. BOX 1726  
ONECO, FL 34264

## New Mailing Address:

FEI Number: 59-1574053

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOLOMON, STEVEN P.  
6451 19TH STREET EAST  
ONECO, FL 34243 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SOLOMON, STEVEN P.  
Address: 7916 OAK GROVE CIR  
City-St-Zip: SARASOTA, FL

Title: VP ( ) Delete  
Name: SOLOMON, D. SUSAN  
Address: 7916 OAK GROVE CIRCLE  
City-St-Zip: SARASOTA, FL

Title: D ( ) Delete  
Name: SOLOMON, JOHN A  
Address: 9826 PLANTATION CIRCLE  
City-St-Zip: UNIVERSITY PARK, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /S/STEVEN P SOLOMON

P

02/03/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date