2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ... **DOCUMENT # 507352** Feb 06, 2004 08:00 AM 1. Entity Name SOLLEY MECHANICAL, INC. **Secretary of State** Principal Place of Business Mailing Address 5151 N.W. 76 PLACE 5151 N.W. 76 PLACE POMPANO BEACH, FL 33073 POMPANO BEACH, FL 33073 01092004 CR2E034 (10/03) No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1679535 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SOLLEY, EDWARD DO NOT WRITE 5151 N.W. 76 PLACE POMPANO BEACH, FL 33067 IN THIS SPACE 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. (NDTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SOLLEY, EDWARD 000000038906 NAME 5151 NW 76 PLACE STREET ADDRESS 02/06/04-80157-007 150.00 CITY-ST-ZIP POMPANO BEACH FL. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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:

Like 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #