## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 02, 2005 08:00 AM **DOCUMENT# 507352 Secretary of State** 1. Entity Name SOLLEY MECHANICAL, INC. Principal Place of Business Mailing Address 5151 N.W. 76 PLACE 5151 N.W. 76 PLACE POMPANO BEACH, FL 33073 POMPANO BEACH, FL 33073 03222005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1679535 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE SOLLEY, EDWARD 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME SOLLEY, EDWARD 5151 NW 76 PLACE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL, TITLE U00000285416 NAME 04/02/05-80044-008 150.00 STREET ADDRESS CITY-ST-ZIP TITLE MARKE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP BILE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-05

954-444-36/2

Date

Daytime Phone #

**FILED**