


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 525008
 1. Entity Name
SOLTI CONSTRUCTION COMPANY, INCORPORATED



Principal Place of Business Mailing Address
44 COQUINA RIDGE WAY **44 COQUINA RIDGE WAY**
ORMOND BEACH, FL 32174 US **ORMOND BEACH, FL 32174 US**



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1740625** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SOLTI, PETER ROBERT
44 COQUINA RIDGE WAY
ORMOND BEACH, FL 32174

DO NOT WRITE 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 retreating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

70. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	SOLTI, DONNA CLARK
STREET ADDRESS	44 COQUINA RIDGE WAY
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	PTD
NAME	SOLTI, PETER ROBERT
STREET ADDRESS	44 COQUINA RIDGE WAY
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Donna Solti* **Donna Solti** *2/8/06* *386-677-6771*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #