


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # 648786</b> 1. Entity Name SOLAR CITY, INC.	
--	---

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

**DO NOT WRITE IN THIS SPACE**



02022004 No Chg-P CR2E034 (10/03)

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

**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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	UN00000048436 02/12/04-80079-023 158.75
---	--	--

10. OFFICERS AND DIRECTORS

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