2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

1. Entity Name FLORIDA SOLAR ENERGY INDUSTRIES ASSOCIATION,

DOCUMENT #739311



FILED

Apr 22, 2005 8:00 am Secretary of State

04-22-2005 90283 012 ****61.25

231 WEST BAY AVENUE 231		Mailing Address 231 WEST BAY AVENUE LONGWOOD, FL 32750						
2. Principal Place of Business 3. Ma		3. Mailing Address	ailing Address					
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	uite, Apt. #, etc.		g-NP CR2	2E037 (10/03)		
City & State		City & State	ity & State		4. FEI Number Applied For 59-2022792 Not Applicable			
Zip Country Zi		Zip	p Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	5. Name and Address of Current R	egistered Agent	7	7. Name and Addr	ess of New Register	red Agent	4.	
		· ****	Name					
KERSHNER, R. BRUCE 213 WEST BAY AVENUE LONGWOOD, FL 32750-4125			Street Address		(P.O. Box Number is Not Acceptable)			
	01 , 1							
		-	City		l	FL Zip Code		
	e named entity submits this statement for t tions of registered agent.	he purpose of changing its	registered office or reg	istered agent, or both, in t	he State of Florida. I	am familiar with, a	and accept	
110 00 19u	Lie as						2 ta 2	
SIGNATURE	C3.71 MARCA			as the factor of the	10 5.10	a programa. Normalnotorem	GURELLE EL PERSONNELLE PERSONNELLE	
SIGNATURE TALL-HUM	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered Agent signature re-	quired when reinstating)	DA	NTE .		
14.78 4.3	Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10. **	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND	D DIRECTORS IN	10	
TITLE	P	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	BESSETTE, DAVE		NAME					
STREET ADDRESS	631 BROOKHAVEN DRIVE		STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP					
TITLE	V/D	☐ Delete	TITLE			☐ Change	Addition	
NAME	HARRIMAN, TOM		NAME					
STREET ADDRESS	140 JAMES STREET		STREET ADDRESS					
CITY-ST-ZIP			CITY OF TIP					
TITLE	VENICE, FL 34292		CITY-ST-ZIP	·		— •••••		
	Ů₽ ·	☐ Delete	TITLE	·		☐ Change	Addition	
NAME · -	VP -ZRALLACK, ROBERT	☐ Delete	TITLE NAME	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
	VP -ZRALLACK, ROBERT 160 SMALLWOOD AVENUE	Delete	TITLE	·		☐ Change	Addition	
NAME · - STREET ADDRESS	VP -ZRALLACK, ROBERT	Delete	TITLE NAME STREET ADDRESS	·	w	Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VP -ZRALLACK, ROBERT 160 SMALLWOOD AVENUE FT PIERCE, FL 34982		TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	* ***			
NAME STREET ADDRESS CITY-ST-ZIP TITLE '' ' NAME STREET ADDRESS	VP -ZRALLACK, ROBERT		TITLE NAME— STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	·	* ******			
STREET ADDRESS CITY-ST-ZIP TITLE " ' '	VP -ZRALLACK, ROBERT		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	,	* ******		. T.	
NAME - STREET ADDRESS CITY-ST-ZIP TITLE - ' ' NAME STREET ADDRESS CITY-ST-ZIP TITLE	VP -ZRALLACK, ROBERT		TITLE NAME— STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					
NAME - STREET ADDRESS CITY-ST-ZIP TITLE - A AMME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VP -ZRALLACK, ROBERT	☐ Delete	TITLE NAME— STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Change	☐ Addition	
NAME - STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SAME STREET ADDRESS STREET ADDRESS	VP -ZRALLACK, ROBERT	☐ Delete	TITLE NAME— STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		-	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP -ZRALLACK, ROBERT	☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP			☐ Change	Addition	
NAME - STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SAME STREET ADDRESS STREET ADDRESS	VP -ZRALLACK, ROBERT	☐ Delete	TITLE NAME— STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	

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 traces experienced to execute this caport as required by Chapter 617, 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.

STREET ADDRESS.

CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS CITY-ST-ZIP

9858'GLADES'RD #700

BOCA RATON, FL 33434

4/19/05 SIGNING OFFICER OR DIRECTOR R. Bruce Kershner

<u>407/339-20</u>10