


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000003518 1. Entity Name SOL PROPERTY DEVELOPMENT, INC.	
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Principal Place of Business 100 Congress Avenue, Suite 2200 Austin, TX 78701	Mailing Address 100 Congress Avenue, Suite 2200 Austin, TX 78701
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DO NOT WRITE IN THIS SPACE



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number
74-3006476

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GIORDANI, ROSEANNE
2340 PERIWINKLE WAY, UNIT M-1
SANIBEL, FL 33957

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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 (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GRALNICK, MARVIN J 2340 PERIWINKLE WAY, UNIT M-1 SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GRALNICK, MARVIN J 2340 PERIWINKLE WAY, UNIT M-1 SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIORDANI, ROSEANNE 2340 PERIWINKLE WAY, UNIT M-1 SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000352204
05/03/05-80018-005 150.00

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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:  **ROSEANNE GIORDANI** 239.472.4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #