

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000002975

1. Entity Name
SOLAR SERVICES INC.



Principal Place of Business
**6100 NEIL ROAD, SUITE 500
RENO, NV 89511**

Mailing Address
**6003 TWIN VALLEY COVE
AUSTIN, TX 78731**



07132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2038890

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITCHER, WILLIAM
2843 SOUTH BAYSHORE DR., UNIT #11 F
COCONUT GROVE, FL 33133**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**000000571015
07/18/06-80020-011 150.00**

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC FRANCIOSA, LOU 332 JONES ROAD NORTH, STONEY CREEK ONTARIO CANADA L8E 5N2,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROOKER, MARK 6003 TWIN VALLEY COVE AUSTIN, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SPIEGEL, SIDNEY 132 SHEPPARD AVE WEST, STE 200, NORTH YORK ONTARIO CANADA M2N 1M5,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC FRANCIOSA, MARIO 332 JONES ROAD NORTH, STONEY CREEK ONTARIO CANADA L8E 5N2,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIOSA, DOMENIC 332 JONES ROAD NORTH, STONEY CREEK ONTARIO CANADA L8E 5N2,
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARK BROOKER

7/13/06