

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90155 042 ***158.75

DOCUMENT # F32275

1. Entity Name
SOLIN AND ASSOCIATES, INC.



Principal Place of Business
**901 DOUGLAS AVE, STE 207
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**901 DOUGLAS AVE, STE 207
ALTAMONTE SPRINGS, FL 32714**

50011059



2. Principal Place of Business
1355 BENEVOLENT ST
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 948459
Suite, Apt. #, etc.

04042006 Chg-P CR2E034 (11/05)

City & State
MAITLAND FL

City & State
MAITLAND

4. FEI Number
59-2125304

Applied For
Not Applicable

Zip
32751 Country
USA

Zip
32794-8459 Country
USA

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

6. Name and Address of Current Registered Agent

**SOLIN, LESTER L JR
636 N LONGVIEW PLACE
LONGWOOD, FL 32779**

7. Name and Address of New Registered Agent

Name
SOLIN, LESTER L JR
Street Address (P.O. Box Number is Not Acceptable)
1355 BENEVOLENT STREET
City
MAITLAND FL Zip Code
32751

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 (if applicable).

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**PTD
SOLIN, LESTER L JR
636 N LONGVIEW PLACE
LONGWOOD, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SOLIN, BRENDA I
636 N LONGVIEW PLACE
LONGWOOD, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
SOLIN, LESTER L JR
1355 BENEVOLENT STREET
MAITLAND, FL 32751** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BRENDA I SOLIN
1355 BENEVOLENT STREET
MAITLAND, FL 32751** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 #

4/7/06 407/682-7200