



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # F32275 1. Entity Name SOLIN AND ASSOCIATES, INC.	
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Principal Place of Business 1355 BENEVOLENT ST MAITLAND, FL 32751	Mailing Address POB 948459 MAITLAND, FL 32794-8459
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DO NOT WRITE IN THIS SPACE


04162008 No Chg-P CR2E034 (11/05)
4. FEI Number
59-2125304
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**SOLIN, LESTER L JR
1355 BENEVOLENT ST
MAITLAND, FL 32751**

**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.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000913235 05/08/08-80008-004 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SOLIN, LESTER L JR 1355 BENEVOLENT ST MAITLAND, FL 32751
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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:  **4/18/08 407/682-7200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #