

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2005 8:00 am**  
**Secretary of State**

07-06-2005 90033 046 \*\*\*150.00

**DOCUMENT # F46207**

1. Entity Name  
**SOLUTION TECHNOLOGY, INC.**



Principal Place of Business

**1101 S. ROGERS CIRCLE  
#14  
BOCA RATON, FL 33487**

Mailing Address

**1101 S. ROGERS CIRCLE  
#14  
BOCA RATON, FL 33487**

**50055005**



07012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2148400**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SWAN, HARRIS K  
1101 S. ROGERS CIR. #14  
BOCA RATON, FL 33487**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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  
SWAN, HARRIS K  
1101 S. ROGERS CIR. #14  
BOCA RATON, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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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 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:**

*H. K. Swan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**H. K. SWAN**

**07/01/2005**

Date

**(561) 241-3210**

Daytime Phone #



Solution Technology, Inc.

Attachment

50055005

1101 South Rogers Circle • Suite 14 • Boca Raton, FL 33487 • (561) 241-3210 • Fax (561) 997-6518 • WWW:<http://www.stiscan.com>

July 1, 2005F

Reinstatement Division  
Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302

Re.: Request for Waiver of Reinstatement Penalty for DOC# F46207, Solution  
Technology, Inc.

Dear Sir or Madam:

Following this cover letter, please find the 2005 Uniform Business Report along with a check in the amount of \$150.00. We understand now that the filing deadline of May 1, 2005 has passed, but had been awaiting the UBR report for modification from the Division of Corporations which never arrived.

Hence, we respectfully request that you accept the 2005 For Profit Corporation UBR along with this reinstatement request and waive the \$400.00 penalty due to not having received the initial report. We greatly appreciate your prompt and professional attention to this matter.

Very truly yours,

Harris K. Swan  
President

HKS/dp