


FILED
Apr 19, 2004 8:00 am
Secretary of State

03-31-2004 90012 031 ***158.75

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F97403			
1. Entity Name FLORIDA SOLAR DISTRIBUTORS, INC.			
Principal Place of Business 975 FLORIDA CENTRAL PARKWAY 1200 LONGWOOD, FL 32750 US		Mailing Address 975 FLORIDA CENTRAL PARKWAY 1200 LONGWOOD, FL 32750 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2218849		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KEIDAISH, PHILIP F JR 803 WEKIVA SPRINGS RD. SUITE 800 LONGWOOD, FL 32779		Name Keidaish, Philip F. Jr. Street Address (P.O. Box Number is Not Acceptable) 320 W. Sabal Palm Place, Suite 200 City Longwood FL Zip Code 32779	
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 <u>Philip F. Keidaish Jr</u> DATE <u>4-15-04</u> <small>(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KACIE, SCOTT 3493 ROCK CLIFF PLACE LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SCOTT KACIE 1261 ST. ALBANS LOOP HEATHROW, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u>		Date <u>4/12/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	