


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90210 034 ***158.75

DOCUMENT # F97403 1. Entity Name FLORIDA SOLAR DISTRIBUTORS, INC.																													
Principal Place of Business 691 PROGRESS WAY SANFORD, FL 32771 US			Mailing Address 691 PROGRESS WAY SANFORD, FL 32771 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2218849																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent FISHER, RUSHMER, WERREN RATH, DICKSON, TALL EY & DUNLAP P.A. 20 NORTH ORANGE AVE. STE. 1500 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">CEO</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KACIC, SCOTT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1261 ST. ALBANS LOOP</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE MARY, FL 32746</td> <td></td> </tr> </table>			TITLE	CEO	<input type="checkbox"/> Delete	NAME	KACIC, SCOTT		STREET ADDRESS	1261 ST. ALBANS LOOP		CITY-ST-ZIP	LAKE MARY, FL 32746		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">1261 St. Albans Loop</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Heathrow, FL 32746</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	1261 St. Albans Loop	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Heathrow, FL 32746		STREET ADDRESS			CITY-ST-ZIP		
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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: <u><i>Scott Kacic</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/23/07</u> Daytime Phone # <u>407-323-2070</u>																										