


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90063 021 \*\*\*150.00

**DOCUMENT # G10895**  
 1. Entity Name  
**SOLO SERVICE STATIONS, INC.**



Principal Place of Business 406 MCGUIRE BLVD INDIAN HARBOUR BEACH, FL 32937-4053 US	Mailing Address 406 MCGUIRE BLVD INDIAN HARBOUR BEACH, FL 32937-4053 US
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**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2233478	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent  
 DELLINGER, DONNA  
 406 MCGUIRE BLVD  
 INDIAN HARBOUR BEACH, FL 32937-4053

**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: Donna Dellinger DATE: 2/6/07  
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**  
**After May 1, 2007 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	P DELLINGER, DONNA 406 MCGUIRE BLVD INDIAN HARBOUR BEACH, FL 329374053
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DELLINGER, LEROY 406 MCGUIRE BLVD SATELLITE BEACH, FL 329374053
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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 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: Donna Dellinger DATE: 3/7/07 321-724-0641  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR