## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 28, 2008 8:00 am Secretary of State **DOCUMENT # H99075** 04-28-2008 90375 038 \*\*\*150.00 FINANCIAL SOLUTIONS INCORPORATED Principal Place of Business Mailing Address 8695 COLLEGE PARKWAY 13300-56 S. CLEVELAND AVE. STE. 234 **STE 266** FT. MYERS, FL 33919 FT. MYERS, FL 33907 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2645810 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILEY, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 14300 RIVA DEL-LAGO DR 1405 FORT-MYERS:-FL-33907-Ft. Myers 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE Delete TITLE Ta Change WILEY, CHARLES E NAME NAME STREET ADDRESS 13300 -56 S CLEVELAND AVE #266 STREET ADDRESS Ft Myers, FL 33907 ST Charles E. Wiley 13300-56 S. Cleveland Are + 266 FORT MYERS, FL-33908-CITY-ST-ZIP CITY-ST-ZIP 97 TITLE Delete WILEY, BARBARA'H' NAME NAME STREET ADDRESS STREET ADDRESS 13300 -58 S CLEVELAND AVE #266 CITY-ST-ZIP FORT-MYERS, FL 33008-CITY-ST-ZIP FT Myses, R 37907 Channe TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TΠ∤F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TOTAL THE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED