2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000048150

1. Entity Name
SOLGARD INDUSTRIES, INC.

Principal Place of Business	Mailing Address
2959 CORAL STRIP PKWY. GULF BREEZE, FL 32563	2959 CORAL STRIP PKWY. GULF BREEZE, FL 32563

DO NOT WRITE IN THIS SPACE

02102007   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3718818	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

SOLGARD, NORMAN E
2959 CORAL STRIP PKWY.
GULF BREEZE, FL 32563

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (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. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	SOLGARD, NORMAN E	
STREET ADDRESS	2959 CORAL STRIP PKWY.	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	D	
NAME	SOLGARD, BERTHA M	
STREET ADDRESS	2959 CORAL STRIP PKWY.	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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03/02/07-80064-005 150.00

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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: *Norman E. Solgard*   Norman E. Solgard   2/16/07   850-864-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #