2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042857

Entity Name: REILLY, FISHER & SOLOMON, P.A.

FILED Jan 17, 2006 Secretary of State

	, , , ,	TIOTIER & COLONIOIS, T.A.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
4950 W KENNEDY BLVD, SUITE 101 TAMPA, FL 33609				4950 W KENNEDY BLVD, SUITE 610 TAMPA, FL 33609		
Current Mailing Address:			New Mailing Address:			
4950 W KENNEDY BLVD, SUITE 101 TAMPA, FL 33609			4950 W KENNEDY BLVD, SUITE 610 TAMPA, FL 33609			
FEI Number:	02-0587685	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Address o	f New Registered Agent:	
REILLY, FIS 4950 W KE	HARLES H J SHER & SOL NNEDY BLVI 33609 US	OMON, P.A.	REILLY, F 4950 W KI	FISHER, CHARLES H JR REILLY, FISHER & SOLOMON, P.A. 4950 W KENNEDY BLVD, SUITE 610 TAMPA, FL 33609 US		
The above in the State		submits this statement for the p	ourpose of changing	its registered	d office or registered agent, or bo	
SIGNATURE:				01/17/2006		
	Electro	nic Signature of Registered Age	ent		Date	
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	REILLY, MARY	EDY BLVD SUITE 101	Title: Name: Address: City-St-Zip:	REILLY, MAI 4950 W KEN	INEDY BLVD SUITE 610	
Title: Name: Address: City-St-Zip:	FISHER, CHAP	EDY BLVD SUITE 101	Title: Name: Address: City-St-Zip:	FISHER, CH	INEDY BLVD SUITE 610	
Title: Name: Address: City-St-Zip:	SOLOMON, MA	EDY BLVD SUITE 101	Title: Name: Address: City-St-Zip:	SOLOMON, 4950 W KEN	NEDY BLVD SUITE 610	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	BEACHY, AF	NEDY BLVD SUITE 610	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	LONCAR, TO	NEDY BLVD SUITE 610	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES H FISHER JR D 01/17/2006