


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 22, 2005 8:00 am
Secretary of State

07-21-2005 90026 002 ***150.00

DOCUMENT # P03000029534 1. Entity Name SOLO-T, INC.																																																																																																																																			
Principal Place of Business 200 INTRACOASTAL PL #206 TEQUESTA FL 33469			Mailing Address 200 INTRACOASTAL PL #206 TEQUESTA FL 33469																																																																																																																																
2. Principal Place of Business		3. Mailing Address																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State		City & State		4. FEI Number 11-3622941																																																																																																																															
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent FIELDS, HAROLD 200 INTRACOASTAL PL #206 TEQUESTA FL 33469				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 resigning) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>FIELDS, HAROLD J</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>200 INTRACOASTAL PLACE, SUITE 206</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>TEQUESTA FL 33469</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	FIELDS, HAROLD J		NAME			STREET ADDRESS	200 INTRACOASTAL PLACE, SUITE 206		STREET ADDRESS			CITY- ST- ZIP	TEQUESTA FL 33469		CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.																																																																																																																																			
SIGNATURE: <u><i>Harold Fields</i></u> HAROLD FIELDS <u>7/15/05</u> 561-743- <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small> 4317																																																																																																																																			

ATTACHMENT

SOLO-T, INC.
Attn: HAROLD J. FIELDS
200 INTRACOASTAL PLACE, SUITE 206
TEQUESTA, FL. 33469

66026060
P03000029534

(ph) 561-743-4317 (fax) 561-744-9025 (email) notharold88@aol.com

8/13/05

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sirs:

Today I received your letter of July 25th (received 18 days after letter's date), in which you state that I did not file, with a copy being returned for a correction.

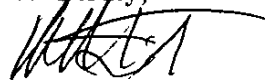
The form I returned to you was the only form in the envelope I received on JULY 9th. I filled out this form and returned it the next day.

If there is a form that was omitted by you, please send it to me so that I can fill it out and return it to you.

If this is the only form that you sent to me, I do not see what else I need to fill out.

If I received this notice because I filed it after May 1st, I could not return it to you as I received it 6 weeks AFTER May 1st.

Yours truly,


Harold J Fields
President