


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY -2 AM 9:05

REGISTRY DIVISION
TALLAHASSEE, FLORIDA

DOCUMENT # P03000043306 1. Entity Name FEA SOLIDARITY FUND, INC.	
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Principal Place of Business 213 S ADAMS ST TALLAHASSEE, FL 32301	Mailing Address 213 S ADAMS ST TALLAHASSEE, FL 32301
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01182005 Chg-P CR2E034 (10/03) **05**

City & State Zip Country	City & State Zip Country
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4. FEI Number 90-0069110	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MEYER, RONALD G ESQ 2544 BLAIRSTONE PINES DR TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DP	
NAME	FORD, ANDY	<input type="checkbox"/>
STREET ADDRESS	213 S ADAMS ST	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	DVP	<input type="checkbox"/>
NAME	MCCALL, JOANNE	
STREET ADDRESS	213 S ADAMS STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/>
NAME	WALLACE, AARON	
STREET ADDRESS	213 S ADAMS STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	DVP		
NAME	Clara Cook	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS	213 S. Adams Street		
CITY-ST-ZIP	Tallahassee, FL 32301		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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05/17/05--01016--018 **150.00

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 all other like empowered.

SIGNATURE: Aaron Wallace Date: 2-14-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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