


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P03000043306**

1. Entity Name  
FEA SOLIDARITY FUND, INC.



FILED  
07 APR 26 AM 9: 32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
213 S ADAMS ST  
TALLAHASSEE, FL 32301

Mailing Address  
213 S ADAMS ST  
TALLAHASSEE, FL 32301



03152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
90-0069110

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

MEYER, RONALD G ESQ  
2544 BLAIRSTONE PINES DR  
TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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 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 NAME STREET ADDRESS CITY-ST-ZIP	DP FORD, ANDY 213 S ADAMS ST TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCCALL, JOANNE 213 S ADAMS STREET TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, AARON 213 S ADAMS STREET TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COOK, CLARA 213 S. ADAMS STREET TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100101349471  
05/03/07--01014--013 \*\*150.00

*Pray/27*

**DO NOT WRITE IN THIS SPACE**

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: Aaron Wallace Aaron Wallace Date: 3/20/07 850-222-4767 Daytime Phone #