2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108183

21 OLD MISSION AVE

ST. AUGUSTINE, FL 32084

Address:

City-St-Zip:

Entity Name: JAMES SOLANA CONTRACTOR, INC.

FILED Jun 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 21 OLD MISSION AVE ST. AUGUSTINE, FL 32084 **Current Mailing Address: New Mailing Address:** 21 OLD MISSION AVE ST. AUGUSTINE, FL 32084 FEI Number: 83-0371628 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOLANA, JAMES 21 OLD MISSION AVE. ST. AUGUSTINE, FL 32084 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD () Delete () Change () Addition SOLANA, JAMES L Name: Name: 21 OLD MISSION AVE. Address: Address: City-St-Zip: ST. AUGUSTINE, FL 32084 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SOLANA, DIANE Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES L. SOLANA PSTD 06/30/2005