

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000141329

1. Entity Name
RED HOT SOLAR ENERGY, INC.



Principal Place of Business
16059 ALAN BLACK BLVD. EAST
LOXAHATCHEE, FL 33470

Mailing Address
16059 ALAN BLACK BLVD. EAST
LOXAHATCHEE, FL 33470



04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0436649

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YOUNG, BARBARA K
16059 ALAN BLACK BLVD. EAST
LOXAHATCHEE, FL 33470

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P,D
NAME GRUNDT, CHARLES
STREET ADDRESS 16059 ALAN BLACK BLVD. EAST
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE VP,D
NAME YOUNG, BARBARA K
STREET ADDRESS 16059 ALAN BLACK BLVD. EAST
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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UN00000294102
04/08/05-80057-002 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BK Young (Barbara K. Young)

Date

April 6 2005

Daytime Phone #

561 790 6685