

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-01-2006 90400 024 ***150.00

DOCUMENT # P03000156475

1. Entity Name
SOLIAN, INC.



Principal Place of Business
**ONE INDEPENDENT DR
JACKSONVILLE, FL 32202**

Mailing Address
**ONE INDEPENDENT DR
JACKSONVILLE, FL 32202**



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2437143

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST
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 _____

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

(NOTE: Registered Agent signature required when renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CROUCH, ROBERT P
STREET ADDRESS	ONE INDEPENDENT DR
CITY - ST - ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	CURTIS, DEAN J
STREET ADDRESS	ONE INDEPENDENT DR
CITY - ST - ZIP	JACKSONVILLE, FL 32202
TITLE	P
NAME	ALEXANDER, DAVID
STREET ADDRESS	1879 LAKESIDE PARKWAY STE 250
CITY - ST - ZIP	ATLANTA, GA 30084
TITLE	VP
NAME	ROBINSON, GERALD
STREET ADDRESS	ONE INDEPENDENT DRIVE
CITY - ST - ZIP	JACKSONVILLE, FL 32202
TITLE	CEO
NAME	PAYNE, TIMOTHY
STREET ADDRESS	ONE INDEPENDENT DR.
CITY - ST - ZIP	JACKSONVILLE, FL 32202
TITLE	S
NAME	HOLLAND, GREGORY
STREET ADDRESS	ONE INDEPENDENT DR.
CITY - ST - ZIP	JACKSONVILLE, FL 32202

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/06

Date

(904) 340-2704

Daytime Phone #