


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2007 8:00 am**  
**Secretary of State**

09-05-2007 90005 020 \*\*\*150.00

<b>DOCUMENT # P04000075350</b>	
1. Entity Name <b>SOLOS INSTALLATIONS &amp; LANDSCAPING INC.</b>	

Principal Place of Business <b>12405 DRAW DR GRAND ISLAND, FL 32735</b>	Mailing Address <b>12405 DRAW DR GRAND ISLAND, FL 32735</b>
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40131313



2. Principal Place of Business - No P.O. Box # <b>12227 Wedgfield Drive</b>	3. Mailing Address Suite, Apt. #, etc.
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08072007 Chg-P CR2E034 (12/06)

City & State <b>Grand Island, FL</b>	City & State
Zip <b>32735</b>	Country <b>Lake</b>

4. FEI Number <b>14-1910974</b>	Applied For Not Applicable
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6. Name and Address of Current Registered Agent <b>SOLDANI, MICHAEL J 12405 DRAW DR GRAND ISLAND, FL 32735</b>	7. Name and Address of New Registered Agent Name: <b>Michael Soldani</b> Street Address (P.O. Box Number is Not Acceptable) <b>12227 Wedgfield Drive</b> City: <b>Grand Island</b> FL Zip Code <b>32735</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE:

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SOLDANI, MICHAEL J 12405 DRAW DR GRAND ISLAND, FL 32735</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael J. Soldani **MICHAEL J. SOLDANI** 8/31/07 (352) 504-7049  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #