


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90142 003 ***150.00

DOCUMENT # P04000101330	
1. Entity Name THOMAS SOLLI, INC.	

Principal Place of Business 1735 BRANTLEY ROAD APT. 315 FORT MYERS, FL 33907	Mailing Address 1905 E. COOPER DR. DELTONA, FL 32725
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2. Principal Place of Business 1018 NORTH EAST 5TH AVE. Suite, Apt. #, etc.	3. Mailing Address 1018 NORTH EAST 5TH AVE. Suite, Apt. #, etc.
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City & State CAPE CORAL FLORIDA	City & State CAPE CORAL FLORIDA
Zip 33909	Country UNITED STATES



04122006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1337146	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SOLLI, THOMAS E 1735 BRANTLEY ROAD APT. 315 FORT MYERS, FL 33907	7. Name and Address of New Registered Agent Name THOMAS E. SOLLI Street Address (P.O. Box Number is Not Acceptable) 1018 NORTH EAST 5TH AVE. City CAPE CORAL FL Zip Code 33909
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLLI, THOMAS E 1735 BRANTLEY ROAD, APT. 315 FORT MYERS, FL 33907 <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	VP SOLLI, THOMAS E 1735 BRANTLEY ROAD, APT. 315 FORT MYERS, FL 33907 <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
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: Thomas E. Solli 4-12-06 239-872-1438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #