

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 22, 2007 08:00 AM
Secretary of State**

DOCUMENT # P04000109729

1. Entity Name
SOLUTIONS PLUS REALTY, INC.



Principal Place of Business
**8705 BOYSENBERRY DR
TAMPA, FL 33635**

Mailing Address
**8705 BOYSENBERRY DR
TAMPA, FL 33635**



06182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1434433

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DINDAL, DAVID D
8705 BOYSENBERRY DR
TAMPA, FL 33635**

**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 re-registering)

DATE

U00000766556
06/22/07-80003-001 150.00

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DINDAL, DAVID D 8705 BOYSENBERRY DR TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DINDAL, SHARON E 8705 BOYSENBERRY DR TAMPA, FL 33635
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

6-18-07

Date

Daytime Phone #