

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90099 015 ***150.00

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| DOCUMENT # P04000111142 | | | | | |
| 1. Entity Name JP SOLIE, INC. | | | | | |
| Principal Place of Business 2806 23RD AVENUE WEST BRADENTON, FL 34205 US | | | Mailing Address 2806 23RD AVENUE WEST BRADENTON, FL 34205 US | | |
| 2. Principal Place of Business 5726 Cortez Rd W. Suite, Apt. #, etc. #107 City & State Bradenton FLA Zip 34210 Country MARSHALL ISLANDS | | 3. Mailing Address 5726 Cortez Rd W. Suite, Apt. #, etc. #107 City & State Bradenton FL Zip 34210 Country MARSHALL ISLANDS | | | |
| 4. FEI Number 20-1422738 | | | | 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 SIMONE, STEPHEN CPA 6439 CENTRAL AVENUE ST. PETERSBURG, FL 33710 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SOLIE, JONARD P <input type="checkbox"/> Delete 8876 FOUNDER CIRCLE PALMETTO, FL 34221 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pros Solie Jonard P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5726 Cortez Rd W. #107 Bradenton, FLA 34210 | |
| 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 | |
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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: | | | 4-9-06 741-4477102 Date Daytime Phone # | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |