2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P05000091862

1. Entity Name
SOLID INVESTMENT & MANAGEMENT, INC.

Principal Place of Business	Mailing Address
38 S. BLUE ANGEL PARKWAY, #225 PENSACOLA, FL 32506	38 S. BLUE ANGEL PARKWAY, #225 PENSACOLA, FL 32506

DO NOT WRITE IN THIS SPACE

04252007 No Chg-P CR2E034 (11/05)

4. FEI Number
32-0152957

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DYRDA, SARAH B
220 W. GARDEN STREET
9TH FLOOR
PENSACOLA, FL 32502

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U00000754261
05/22/07-80054-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P, D
NAME	BROXSON, GARY D
STREET ADDRESS	32073 US HWY 98
CITY-ST-ZIP	LILLIAN, AL 36549
TITLE	D
NAME	PERRY, STEPHEN C
STREET ADDRESS	1316 ADAMS AVENUE
CITY-ST-ZIP	MONTGOMERY, AL 36104
TITLE	S,T
NAME	PERRY, STEPHEN C
STREET ADDRESS	1316 ADAMS AVENUE
CITY-ST-ZIP	MONTGOMERY, AL 36104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Gary Broxson 4/26/07 251-962-7141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #