

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000091862

1. Entity Name
SOLID INVESTMENT & MANAGEMENT, INC.



FILED
May 01, 2008 08:00 AM
Secretary of State

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

Mailing Address
38 S. BLUE ANGEL PARKWAY, #225
PENSACOLA, FL 32506



04232008 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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000941460
05/28/08-80108-005 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
P, D
BROXSON, GARY D
STREET ADDRESS
32073 US HWY 98
CITY-ST-ZIP
LILLIAN, AL 36549

TITLE
NAME
D
PERRY, STEPHEN C
STREET ADDRESS
1316 ADAMS AVENUE
CITY-ST-ZIP
MONTGOMERY, AL 36104

TITLE
NAME
S, T
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

**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

GARY D BROXSON

4/28/08

251-962-7141

Date

Daytime Phone #