

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90039 025 \*\*\*150.00

**DOCUMENT # P05000109789**

1. Entity Name  
**SOLARA SALES, INC.**



Principal Place of Business  
**18735 WATER LILY CA  
HUDSON, FL 34667**

Mailing Address  
**12508 SHERMAN DRIVE  
HUDSON, FL 34667**

**40067502**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**18735 WATER LILY LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052008

Chg-P

CR2E034 (12/06)

City & State

City & State  
**HUDSON FL**

4. FEI Number

**20-3272014**

Applied For

Not Applicable

Zip

Country

Zip

**34667**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOFFO, FREDERICK J  
12508 SHERMAN DRIVE  
HUDSON, FL 34667**

Name

**FREDRICK STOFFO**

Street Address (P.O. Box Number is Not Acceptable)

**18735 WATER LILY LANE**

City

**HUDSON**

**FL**

Zip Code

**34667**

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 of Frederick Stoffo]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**X 4-8-08**

**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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
STOFFO, FREDRICK J  
12508 SHERMAN DRIVE  
HUDSON, FL 34667** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**18735 WATER LILY LANE  
HUDSON FL 34667** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
STOFFO, LILLIAN M  
12508 SHERMAN DRIVE  
HUDSON, FL 34667** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**18735 WATER LILY LANE  
HUDSON FL 34667** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

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CITY-ST-ZIP  
 ☐ Delete

TITLE  
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CITY-ST-ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ 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:

*[Signature of Frederick Stoffo]*

**FREDRICK STOFFO**

**X 4-8-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Director's Phone #