

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P05000120210**

1. Entity Name  
**MYSUNBELT SOLUTIONS, INC.**



Principal Place of Business  
**116 STONE CABLE CIR  
WINTER SPRINGS, FL 32708 US**

Mailing Address  
**116 STONE CABLE CIR  
WINTER SPRINGS, FL 32708 US**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3387141</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**RALL, JEFF JR  
116 STONE CABLE CIR  
WINTER SPRINGS, FL 32708**

**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

**02/12/08-80052-021 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PVST
NAME	RALL, JEFF JR
STREET ADDRESS	116 STONE CABLE CIR
CITY-ST-ZIP	WINTER SPRINGS, FL 32708

TITLE	D
NAME	RALL, JEFF JR
STREET ADDRESS	116 STONE CABLE CIR
CITY-ST-ZIP	WINTER SPRINGS, FL 32708

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** \_\_\_\_\_

*Jeff Rall Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 30, 2008*  
Date

*412 983 8219*  
Daytime Phone #