

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000128357**

1. Entity Name  
**TAX CREDIT SOLAR.COM, INC.**



Principal Place of Business  
**18125 US HWY 41 N #109  
LUTZ, FL 33549**

Mailing Address  
**18125 US HWY 41 N #109  
LUTZ, FL 33549**



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1756790**

Applied For
Not Applicable

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

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

**FISHER, RALPH B  
18125 US HWY 41 N #109  
LUTZ, FL 33549**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	FISHER, RALPH B
STREET ADDRESS	18125 US HWY 41 N #109
CITY - ST - ZIP	LUTZ, FL 33549
TITLE	VPS
NAME	CARTER, ROBERT EVANS
STREET ADDRESS	15431 E. LAKE BURRELL DRIVE
CITY - ST - ZIP	LUTZ, FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000577451  
01/08/07-80017-005 150.00

**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

Date

Daytime Phone #

1/5/07 813948 7140