

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000046941

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** INVESTMENT SOLUTIONS & SOLAR ELECTRIC POWER INCORPORATED

**Current Principal Place of Business:**

1916 SW 10TH TERRACE  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

1916 SW 10TH TERRACE  
CAPE CORAL, FL 33991

**New Mailing Address:**

**FEI Number:** 26-2576606

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REAGAN, RONALD  
1916 SW 10TH TERRACE  
CAPE CORAL, FL 33991 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** REAGAN, RONALD  
**Address:** 1916 SW 10TH TERRACE  
**City-St-Zip:** CAPE CORAL, FL 33991

**Title:** VP  
**Name:** REAGAN, WALTER  
**Address:** 3529 SOUTH WOLFELAKE ROAD  
**City-St-Zip:** FRUITPORT, MI 49415

**Title:** T  
**Name:** FLYNN, KATHLEEN M  
**Address:** 1402 NE PINE ISLAND LANE  
**City-St-Zip:** CAPE CORAL, FL 33909

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** RONALD REAGAN

P

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date