
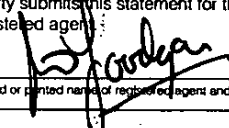
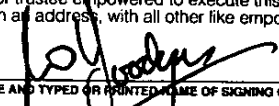


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90356 001 \*\*\*150.00

<b>DOCUMENT # P94000042639</b> 1. Entity Name <b>SOLENT TRADING, INC.</b>					
Principal Place of Business <b>222 N THIRD STREET PALATKA, FL 32177</b>			Mailing Address <b>125 EAGLES NEST LANE CRESCENT CITY, FL 32112 US</b>		
2. Principal Place of Business <b>125</b> Suite, Apt. #, etc. <b>EAGLES NEST LANE</b>		3. Mailing Address  Suite, Apt. #, etc.  City & State <b>CRESCENT CITY FL</b>			
City & State <b>CRESCENT CITY FL</b>		City & State  City & State  Zip <b>32112</b>		Country <b>US</b>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GOODGER, ROGER D 125 EAGLES NEST LANE CRESCENT CITY, FL 32112</b>			7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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:  <div style="float: right; text-align: right;"> <b>16 April 2005</b>          DATE       </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D GOODGER, ROGER 125 EAGLES NEST LANE CRESCENT CITY, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <div style="float: right; text-align: right;"> <b>16 April 2005</b>    <b>386-467-8815</b>          Date                      Daytime Phone #       </div>					