2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000011437

Entity Name: SOLOMON PROPERTIES, INC.

FILED Jan 03, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14255 BEACH BLVD

JACKSONVILLE, FL 32250 US

Current Mailing Address: New Mailing Address:

14255 BEACH BLVD

JACKSONVILLE, FL 32250 US

FEI Number: 59-3365806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SOLOMON, DOUGLAS

14255 BEACH BLVD

14CKSONVILLE REACH EL 32250 LIS

PETE ORLANDO, CPA, PA

4745 SUTTON PARK COURT

SUITE 101

JACKSONVILLE BEACH, FL 32250 US SUITE 101
JACKSONVILLE, FL 32224 US

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: PETE ORLANDO 01/03/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SOLOMON, DOUGLAS G SOLOMON, DOUGLAS G Name: Name: 14255 BEACH BLVD 8064 HOLLYRIDGE ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32250 City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D () Delete Title: TD (X) Change () Addition
Name: SOLOMON, CLARINDA A
Name: SOLOMON, CLARINDA A

Address: 14255 BEACH BLVD Address: 8064 HOLLYRIDGE ROAD
City-St-Zip: JACKSONVILLE, FL 32250 City-St-Zip: JACKSONVILLE, FL 32256 US

Title: () Delete Title: VPD () Change (X) Addition

Name:Name:SOLOMON, GÉORGEAddress:Address:8064 HOLLYRIDGE ROADCity-St-Zip:City-St-Zip:JACKSONVILLE, FL 32256 US

Title: () Delete Title: SD () Change (X) Addition

 Name:
 Name:
 KOWKABANY, PAULA

 Address:
 Address:
 8064 HOLLYRIDGE ROAD

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32256 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DOUGLAS SOLOMON P 01/03/2008