

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000074718**

1. Entity Name  
**SUSAN SOLOMON & ASSOCIATES, INC.**



Principal Place of Business  
**16395 73 COURT NORTH  
LOXAHATCHEE, FL 33470 US**

Mailing Address  
**16395 73 COURT NORTH  
LOXAHATCHEE, FL 33470 US**



03202004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0691867** Applied For  
Not Applicable

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

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

**SOLOMON GRIMES, SUSAN  
16395 73 COURT NORTH  
LOXAHATCHEE, FL 33470**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

000000035167  
03/24/04-80021-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **SOLOMON-GRIMES, SUSAN**  
STREET ADDRESS **16395 73 COURT NORTH**  
CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

TITLE **ST**  
NAME **SOLOMON, BERNICE**  
STREET ADDRESS **10370 SILVER LAKE DRIVE**  
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Susan Solomon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/22/04 561-964-8221*  
Date Daytime Phone #