

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 18, 2004 8:00 am
Secretary of State

06-18-2004 90001 045 ***150.00

DOCUMENT # P96000081439

1. Entity Name
JOHN HAPPLE SOLAR, INC.



Principal Place of Business
**3605 GROVE TERRACE DRIVE
LAKELAND, FL 33813**

Mailing Address
**3605 GROVE TERRACE DRIVE
LAKELAND, FL 33813**

04057881



06072004 No Chg-P

CR2E034 (10/03)

4. FEI Number
59-3420017

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MORRISON, JOSEPH A
3500 SOUTH FLORIDA AVENUE
SUITE 3
LAKELAND, FL 33813**

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HAPPLE, JOHN V
3605 GROVE TERRACE DRIVE
LAKELAND, FL 33813**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPST
HAPPLE, MARY M
3605 GROVE TERRACE DRIVE
LAKELAND, FL 33813**

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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mary M. Happle

June 9, 2004

863-644-2063