2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000094376

1. Entity Name
SOLARVEIL AMERICA, INC.

Principal Place of Business	Mailing Address
3875 ST. JOHNS PARKWAY SANFORD, FL 32771-6316	3875 ST. JOHNS PARKWAY SANFORD, FL 32771-6316

03052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3476781
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SNYDER, WILLIAM H
3875 ST. JOHNS PARKWAY
SANFORD, FL 32771-6316

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000107317
04/09/04-80009-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SNYDER, WILLIAM H
STREET ADDRESS	3875 ST. JOHNS PARKWAY
CITY-ST-ZIP	SANFORD, FL 327716316
TITLE	SD
NAME	IRELAND, ROBERT W
STREET ADDRESS	3875 ST. JOHNS PARKWAY
CITY-ST-ZIP	SANFORD, FL 327716316
TITLE	TD
NAME	SNYDER, JULIA D
STREET ADDRESS	3875 ST. JOHNS PARKWAY
CITY-ST-ZIP	SANFORD, FL 327716316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Will. H Snyder, Pres. WILLIAM H. SNYDER 4-2-04 407-328-5150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #