

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000094376

1. Entity Name  
SOLARVEIL AMERICA, INC.



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

Mailing Address  
3875 ST. JOHNS PARKWAY  
SANFORD, FL 32771-6316



04062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3476781</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**

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

**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**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000322049  
04/21/05-80103-020 150.00

**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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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: *William H. Snyder, President* **WILLIAM H. SNYDER** 4/14/05 407-328-5150  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #