## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P97000102448**

1. Entity Name



## **FILED** Apr 05, 2004 8:00 am Secretary of State

SOLÒMON ASSET MANAGEMENT, INC.									04-03-2004 90	013 030	136.75	,	
Principal Place of Business Mailing Address							_						
4446 HENDR JACKSONVILL	ICKS AVE., :	4446 HENDRICKS AVE., #104 JACKSONVILLE, FL 32207					Biil   Bell Bell Bell Be		540264	21			
2. Principal P	lace of Busin	3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04012004	Chg-P	CR2E	034 (10/03)		
City & State			City & State									t Applicable	
Zip	Country		Zip		Coun	Country			of Status Desired	<u>×</u>	\$8.75 Add	litional d	
6. Name and Address of Current Registered Agent						Name		7 Name and	Address of New R	egistered	.Agent		
VAUGHAN, CONSTANCE C							ddress (l	P.O. Box Numbe Lanco	r is Not Aceptable	ue			
City Jac.								K.Sonv	Ille	FI	Zip Code	20+	
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  Septature, type to printed name of registered agent and the identity applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE													
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution							<b>\$5.</b>	00 May Be ed to Fees					
10.	-	OFFICERS AND	DIRECTORS		11.		P	ADDITIONS/	CHANGES TO OFF			S IN 11	
TITLE	Р	_		☐ Delete	TITLE		Da	vid 5	, W. Vau	Han	Change	☐ Addition	
NAME	· -					NAME STREET ADDRESS			544 Landon Avenue				
STREET ADDRESS 2440 E COMMERCIAL BLVD, STE 1 CITY-ST-ZIP FT LAUDERDALE, FL 33308							T-ZIP Jacksonville FL 3220.					- <u>-</u> -	
TITLE	v			☐ Delete	TITL		V	10-1011	D. Schn arcelon		Change	Addition	
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12. Thereby certify that the information supplied with this tiling 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 frue and socurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver of trustee amplowered by 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 withen addless, with all the rike empowered.

CITY-ST-ZIP

**SIGNATURE** 

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR