

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                         |                                                                                                                     |                                                                                                                                      |                                                                                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P98000013219</b><br>1. Entity Name<br><b>SOLENT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |                                                                                                                     |                                                                                                                                      |                                             |  |
| Principal Place of Business<br><b>1858 RINGLING BLVD.<br/>SARASOTA, FL 34236 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                         |                                                                                                                     | Mailing Address<br><b>1858 RINGLING BLVD.<br/>SARASOTA, FL 34236 US</b>                                                              |                                                                                                                              |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         |                                                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                                                             |                                                                                                                              |  |
| 4. FEI Number<br><b>65-0814363</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         |                                                                                                                     |                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                                                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |                                                                                                                     |                                                                                                                                      | <b>\$8.75 Additional Fee Required</b>                                                                                        |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GLENDINNING, RENE M<br/>1858 RINGLING BLVD.<br/>SARASOTA, FL 34236</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                                                                              |  |
| 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 _____ (NOTE: Registered Agent Signature required when reappointing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                         |                                                                                                                     |                                                                                                                                      |                                                                                                                              |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                      |                                                                                                                              |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         |                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                         |                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>HARRINGTON, NORMAN C<br>609 CUTTER LANE<br>LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>000000021450</b><br><b>01/30/04-80005-011 150.00</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VD<br>HARRINGTON, JUDITH A<br>609 CUTTER LANE<br>LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DST<br>GLENDINNING, RENE M<br>1858 RINGLING BLVD.<br>SARASOTA, FL 34236 <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                         |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                         |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                         |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered |                                                                                                         |                                                                                                                     |                                                                                                                                      |                                                                                                                              |  |
| <b>SIGNATURE:</b> _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                                     | Date <b>1. 27 04</b> Daytime Phone #                                                                                                 |                                                                                                                              |  |