2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 8:00 am Secretary of State

DOCUMENT # P98000045904 1. Entity Name SOLID IMAGE OF CENTRAL FLORIDA, INC.					04-25-2005	90317 014 ***150	.00	
Principal Place	e of Business	Mailing Address					•	
		2810 W MAIN ST				500442	27	
LEESBURG, FL 34748 LEESBURG, FL 34748					000172	J/		
2. Principal Place of Business 31569 PROGRESS Rd		_3Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04132005	Chg-P	CR2E034 (10/03)	•	
City & State LEESBURG FL		City & State		4. FEI Num 59-35	ber 08057	-	pplied For ot Applicable	
Zip	Country	Žip	Country	5. Certifica	e of Status Desired	□ \$8.75 Add		
27/4	8 US 6. Name and Address of Current R	egistered Agent		7. Name ar	d Address of New	Fee Require		
	:		Name	+ 4		<u>D / (3 - /)</u>		
SCHROEDER, KAREN			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
2810 W MAIN ST LEESBURG, FL 34748								
			City			FL Zip Cod	е	
	named entity submits this statement for itoms of registered agent.	the purpose of changing its re	gistered office or r	registered agent, or b	oth, in the State of F	Florida. I am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: R	legistered Agent signature	e required when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 **Selection Campaign Financing** Trust Fund Contribution.								
		7		\$5.00 May Be Added to Fees				
	ay 1, 2005 Fee will be \$550.0 OFFICERS AND E	Trust Fund Contrib	11.	Added to Fees	S/CHANGES TO OF	FICERS AND DIRECTOR		
After Ma	OFFICERS AND D	Trust Fund Contrib	11.	Added to Fees ADDITION		Change	S IN 11	
After Ma	OFFICERS AND D PSTD SCHROEDER, KAREN	O Trust Fund Contrib	11.	Added to Fees ADDITION		Change		
After Ma	OFFICERS AND D	O Trust Fund Contrib	11.	Added to Fees ADDITION		Change		
After Ma	OFFICERS AND D PSTD SCHROEDER, KAREN 2810 W MAIN ST	O Trust Fund Contrib	11.	Added to Fees		Change		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D PSTD SCHROEDER, KAREN 2810 W MAIN ST	O Trust Fund Contrib DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees ADDITION		5 Rd 34748	Addition	
After Ma	OFFICERS AND D PSTD SCHROEDER, KAREN 2810 W MAIN ST	O Trust Fund Contrib DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees ADDITION		5 Rd 34748	Addition	
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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 afformation and the receiver of trustee empowered.

MARK D. SCHROEDER 4-18-05 352-316-1350