


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State

04-24-2006 90413 014 ***150.00

Due

DOCUMENT # P99000009545
 1. Entity Name
SOLAN TRUCKING & EXCAVATING INC



Principal Place of Business Mailing Address
 8650 SHENNA CT PO BOX 695
 ORLANDO, FL 32818 GOTHA, FL 34734

DO NOT WRITE IN THIS SPACE

66019776



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3577751 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
 SOLAN, NEVILLE
 8650 SHENNA CT
 ORLANDO, FL 32818

DO NOT WRITE IN THIS SPACE

9. 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 *NEVILLE SOLAN* *Neville Solan Pres.*
NEVILLE SOLAN *4/11/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SOLAN, NEVILLE C
STREET ADDRESS	PO BOX 695
CITY- ST- ZIP	GOTHA, FL 34734
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 filers empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Declared True ?