

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000050761

1. Entity Name  
SOLARSYSTEMONLINE.COM, INC.



Principal Place of Business  
615 N RIVERSIDE DRIVE  
INDIALANTIC, FL 32903

Mailing Address  
P.O BOX 33398  
INDIALANTIC, FL 32903



01192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3580863

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PREECE, JAMES E  
615 N RIVERSIDE DRIVE  
INDIALANTIC, FL 32903

**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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME PREECE, JAMES E  
STREET ADDRESS 615 N. RIVERSIDE DRIVE  
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE D  
NAME WICKLINE, GRANVILLE W JR.  
STREET ADDRESS 3130 TURTLEMOUND ROAD  
CITY-ST-ZIP MELBOURNE, FL 32934

TITLE D  
NAME PREECE, BETTY P  
STREET ADDRESS 615 N. RIVERSIDE DRIVE  
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE  
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01/26/07-80085-025 150.00

**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 like empowered.

SIGNATURE: James A. Preece  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 22 2007 321 427 0587  
Date Daytime Phone #