## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S01407

Entity Name: SOHILO, INC.

Address:

City-St-Zip:

2214 DURANT RD

VALRICO, FL 33594 HI

FILED May 04, 2009 Secretary of State

_mary man		1140.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4421 N HL TAMPA, FI	JBERT L 336147620				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
4421 N HL TAMPA, FI	JBERT L 336147620				
FEI Number:	: 59-3029213	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	JBERT L 33614 US		urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR					
	ce with s. 607.19	nic Signature of Registered Age (3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) ENSLEN, WILL 4421 N HUBER TAMPA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T ( SMITH, DICK 12607 PARKW HUDSON, FL 3	OOD ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	S ( )	) Delete AS S	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: WILLIAM ENSLEN P 05/04/2009