

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S44060

Entity Name: SOLUTIONS, INC.

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

655 NORTH FRANKLIN STREET, STE. 2200  
TAMPA, FL 33602 US

**New Principal Place of Business:**

**Current Mailing Address:**

655 NORTH FRANKLIN STREET, STE. 2200  
TAMPA, FL 33602 US

**New Mailing Address:**

FEI Number: 59-3059244

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOGALI, ANDERSON B ESQ.  
4301 ANCHOR PLAZA PARKWAY  
300  
TAMPA, FL 33634 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILSON, CAROLYN  
Address: 655 N FRANKLIN STREET 32200  
City-St-Zip: TAMPA, FL 33602

Title: VP  
Name: MINTER, MATT  
Address: 655 N.FRANKLIN STREET #2200  
City-St-Zip: TAMPA, FL 33602 UN

I hereby 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 all other like empowered.

SIGNATURE: MATT MINTER

VP

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date