

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 460330

**Entity Name:** STEVEN P. SOLOMON ENTERPRISES, INC.

**Current Principal Place of Business:**

6503 19TH STREET EAST  
BLDG C  
SARASOTA, FL 34243

**Current Mailing Address:**

PO BOX 1603  
ONECO, FL 34264-1603 US

**FEI Number: 59-1574053**

**Certificate of Status Desired:** No

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

SOLOMON, STEVEN P  
6503 19TH STREET EAST  
BLDG C  
SARASOTA, FL 34243 US

*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

**Officer/Director Detail :**

Title PD  
Name SOLOMON, STEVEN P  
Address 7916 OAK GROVE CIR  
City-State-Zip: SARASOTA FL 34243

Title VPD  
Name SOLOMON, JOHN A  
Address 7628 PLANTATION CIRCLE  
City-State-Zip: UNIVERSITY PARK FL 34201

*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: JOHN A SOLOMON**

**VP**

**02/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date