

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000094333

Entity Name: SOLUR TERRA INCORPORATED**Current Principal Place of Business:**349 S. E. 3RD STREET
BELLE GLADE,, FL 33430**Current Mailing Address:**P. O. BOX 1786
BELLE GLADE,, FL 33430 US**FEI Number:** 47-2767627**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BARBER, MOSES
349 S. E. 3RD STREET
BELLE GLADE, FL 33430 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	P
Name	WALKER, DOROTHY M DR.
Address	256 N. W. 9TH STREET
City-State-Zip:	BELLE GLADE FL 33430

Title	S
Name	MCKELVIN, KATISHA
Address	155 S. W. 11TH AVENUE.
City-State-Zip:	SOUTH BAY FL 33493

Title	B.M
Name	MACH, STANLEY
Address	4180 70TH COURT NORTH
City-State-Zip:	RIVIERA BEACH, FL 33404

Title	B.M
Name	WALKER, JAVIN
Address	141 DABOU LOOP
City-State-Zip:	BELLE GLADE FL 33430

Title	T
Name	ISAACS, DEBRA
Address	427 34TH STREET
City-State-Zip:	WEST PALM BEACH FL 33407

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: DR. DOROTHY M WALKER

P

04/10/2017

Electronic Signature of Signing Officer/Director Detail_____
Date