

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90049 003 ***150.00

DOCUMENT # F04000005440					
1. Entity Name SPECIALTY STORE LIGHTING, INC.					
Principal Place of Business 35 INDUSTRIAL PARK RD. #10 CENTERBROOK, CT 06409			Mailing Address PO BOX 247 CENTERBROOK, CT 06409		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 06-1403797	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARROLL, DAVID F 6429 HIGHCROFT DR. NAPLES, FL 34119			7. Name and Address of New Registered Agent Name: <i>Janis F. Carroll</i> Street Address (P.O. Box Number is Not Acceptable): <i>6429 Highcroft Dr.</i> City: <i>Naples</i> FL Zip Code: <i>34119</i>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<p>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARROLL, DAVID F	NAME	<i>Janis F. Carroll</i>		
STREET ADDRESS	6429 HIGHCROFT DR.	STREET ADDRESS	<i>6429 Highcroft Dr.</i>		
CITY-ST-ZIP	NAPLES, FL 34119	CITY-ST-ZIP	<i>Naples FL 34119</i>		
TITLE	S <input type="checkbox"/> Delete	TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARROLL, JANIS F	NAME	<i>Daniel F. Carroll</i>		
STREET ADDRESS	38 FENCE CREEK DR.	STREET ADDRESS	<i>6429 Highcroft Dr.</i>		
CITY-ST-ZIP	MADISON, CT 06433	CITY-ST-ZIP	<i>Naples, FL 34119</i>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Janis F. Carroll</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JANIS F. CARROLL		Date: <i>7/6/05</i> Daytime Phone #: <i>(203) 245-8620</i>	

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07052005 Chg-P CR2E034 (10/03)

Applied For Not Applicable

