


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 Suite, Apt. #, etc.		3. Mailing Address 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 Janis F. Carroll Street Address (P.O. Box Number is Not Acceptable) 6429 Highcroft Dr. City Naples FL Zip Code 34119	
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 _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P CARROLL, DAVID F 6429 HIGHCROFT DR. NAPLES, FL 34119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Janis F. Carroll 6429 Highcroft Dr. Naples FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARROLL, JANIS F 38 FENCE CREEK DR. MADISON, CT 06433	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Daniel F. Carroll 6429 Highcroft Dr. Naples, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Janis F. Carroll JANIS F. CARROLL 7/6/05 (203) 245-8620 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50055940



07052005 Chg-P CR2E034 (10/03)

Applied For ☐ Not Applicable

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000005440

1. Entity Name
SPECIALTY STORE LIGHTING, INC.



ATTACHMENT

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.

07082005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
06-1403797

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARROLL, DAVID F
6429 HIGHCROFT DR.
NAPLES, FL 34119

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CARROLL, DAVID F
6429 HIGHCROFT DR.
NAPLES, FL 34119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
S
CARROLL, JANIS F
38 FENCE CREEK DR.
MADISON, CT 06433 ☐ Delete

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #