
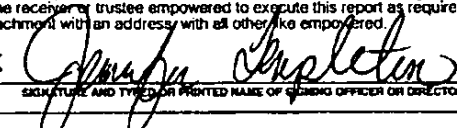


2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-22-2005 90013 043 ***150.00
P04000072730

FILED

05 MAR 31 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000072730			
1. Entity Name LIGHTHOUSE LANDSCAPE LIGHTING OF SW FLORIDA, INC			
Principal Place of Business 9960 PUPOLO LANE BONITA SPRINGS, FL 34135		Mailing Address 9960 PUPOLO LANE BONITA SPRINGS, FL 34135	
2. Principal Place of Business 7810 Twin Eagle Lane Suite, Apt. #, etc.		3. Mailing Address 7810 Twin Eagle Lane Suite, Apt. #, etc.	
City & State Ft. Myers, FL		City & State	
Zip 33912		Country	
4. FEI Number 20-1082704		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TEMPLETON, JENNIFER 9960 PUPOLO LANE BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) 7810 Twin Eagle Lane City Ft Myers FL Zip Code 33912	
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 \$150.00 After May 1, 2005 Fee will be \$550.00		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 TEMPLETON, JENNIFER 9960 PUPOLO LANE BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7810 TWIN EAGLE LANE FT MYERS FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR, VP DAVID TEMPLETON 7810 TWIN EAGLE LANE FT MYERS, FL 33912
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
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
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 employees.			
SIGNATURE: 		Date: 3/17/05 Daytime Phone #: 239-561-3320	