

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2008 8:00 am
Secretary of State

05-01-2008 90241 023 ***150.00

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1. Entity Name
FIBER GLOW LIGHT SOURCE, INC.



Principal Place of Business
6776 54TH AVE N
ST PETERSBURG, FL 33709

Mailing Address
6776 54TH AVE N
ST PETERSBURG, FL 33709

66013022



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192008 Chg-P CR2E034 (12/08)

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

59-3814162

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

DISTEFANO, JOSEPH
6776 54TH AVE N
ST PETERSBURG, FL 33709

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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D**
DISTEFANO, JOSEPH
 STREET ADDRESS **6776 54TH AVE N**
 CITY-ST-ZIP **ST PETERSBURG, FL 33709**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Joseph Distefano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-08
 Date

727 397-9118
 Daytime Phone #