


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90019 022 ***150.00

DOCUMENT # P99000093252	
1. Entity Name TOM KENNY LIGHTING DESIGN, INC.	

Principal Place of Business 1147 BUCHANAN ST. HOLLYWOOD, FL 33019	Mailing Address 1147 BUCHANAN ST. HOLLYWOOD, FL 33019
---	---

2. Principal Place of Business <i>844 Harrison Street</i>	3. Mailing Address <i>844 Harrison Street</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Hollywood, FL</i>	City & State <i>Hollywood, FL</i>	4. FEI Number 59-3607136	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33019</i>	Country <i>USA</i>	Zip <i>33019</i>	Country <i>USA</i>



04032005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent KENNY, TOM 1147 BUCHANAN ST. HOLLYWOOD, FL 33019 <i>(see new address above)</i>	7. Name and Address of New Registered Agent 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]*, *President (Thomas Kenny)* *3/31/05*
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 After May 1, 2005 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	D KENNY, THOMAS 1147 BUCHANAN ST. HOLLYWOOD, FL 33019 <i>(see new address above)</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AURIA, LAURIE 1147 BUCHANAN ST. HOLLYWOOD, FL 33019 <i>-844 Harrison St. Hollywood, FL 33019</i>	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
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 empowered.

SIGNATURE: *[Signature]* **THOMAS KENNY** *3/31/05* *305-439-1805*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #