

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # 239528

1. Entity Name
LIGHTNING PROTECTION SALES, INC.



Principal Place of Business

**4309 WEST ALVA
P.O. BOX 15208
TAMPA, FL 33684**

Mailing Address

**4309 WEST ALVA
P.O. BOX 15208
TAMPA, FL 33684**



04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0904902	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

**BARNES, DAVID O.
4309 WEST ALVA
TAMPA, FL 33614**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD BARNES, DAVID 4309 WEST ALVA TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD BARNES, GORDON O. 4309 WEST ALVA TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000740021
05/14/07-30050-016 150.00

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:

Gordon O. Barnes
Gordon O. Barnes, V.P.

4-25-07

813-879-2133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #