
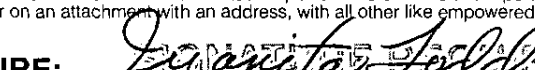


DOCUMENT # 241672
1. Entity Name
LIGHT HOUSE ELECTRICAL SUPPLY, INC.

05-05-2003 91148 015 ***150.00



Principal Place of Business 2705 U.S. 27 ALT. SEBRING FL 33870		Mailing Address 2705 U.S. 27 ALT. SEBRING FL 33870			
2. Principal Place of Business 610 Cherokee Circle		3. Mailing Address 610 Cherokee Circle		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Avon Park FL		City & State Avon Park FL		4. FEI Number 59-0910539	
Zip 33825		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DICK, PAMELA KAY 2000 MORNINGSIDE RD. AVON PARK FL 33825				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TODD, LOYD FIELDING		NAME		
STREET ADDRESS	610 CHEROKEE CR.		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICK, PAMELA KAY		NAME		
STREET ADDRESS	2000 MORNINGSIDE RD		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EZELL, BELINDA DIANE		NAME		
STREET ADDRESS	2455 W GREENLAWN RD		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TODD, JUANITA		NAME		
STREET ADDRESS	610 CHEROKEE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: Juanita Todd		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 4-12-03 <small>Daytime Phone #</small> (863)453-3663		