


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 323890</b> 1. Entity Name <b>SESCO LIGHTING, INC.</b>	
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Principal Place of Business <b>1133 W. MORSE BLVD. 100 WINTER PARK, FL 32789 US</b>	Mailing Address <b>1133 W. MORSE BLVD 100 WINTER PARK, FL 32789 US</b>
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**DO NOT WRITE IN THIS SPACE**



02102008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1199515</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SEGAL, MIKE 1133 W. MORSE BLVD. 100 WINTER PARK, FL 32789</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>02/27/06-80033-020 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAHAM, MARSHALL 1133 W. MORSE BLVD., STE 100 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANSOME, BOB 11611 LANDING PLACE NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SEGAL, MIKE 1133 W. MORSE BLVD. SUITE 100 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PORPORA, MARGARET 1133 W. MORSE BLVD. SUITE 100 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Margaret S. Porpora 2-13-06 407-629-6100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Margaret S. Porpora