2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 A
Secretary of State

DOCUMENT # 323890

1. Entity Name
SESCO LIGHTING, INC.

Principal Place of Business	Mailing Address
1133 W. MORSE BLVD. 100 WINTER PARK, FL 32789 US	1133 W. MORSE BLVD 100 WINTER PARK, FL 32789 US

01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1199515
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEGAL, MIKE
1133 W. MORSE BLVD.
100
WINTER PARK, FL 32789

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	GRAHAM, MARSHALL
STREET ADDRESS	1133 W. MORSE BLVD., STE 100
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	BRANSOME, BOB
STREET ADDRESS	11611 LANDING PLACE
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	TSD
NAME	SEGAL, MIKE
STREET ADDRESS	1133 W. MORSE BLVD. SUITE 100
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	S
NAME	PORPORA, MARGARET
STREET ADDRESS	1133 W. MORSE BLVD. SUITE 100
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000630542
02/20/07-80011-010 150.00

DO NOT WRITE 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 2-6-07 407-629-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #