

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 437246

FILED  
Mar 03, 2006  
Secretary of State

**Entity Name:** UNITED LIGHTING AND SUPPLY COMPANY

**Current Principal Place of Business:**

121 CHESTNUT AVE, SE  
FT. WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 307  
FT. WALTON BEACH, FL 32549 US

**New Mailing Address:**

**FEI Number:** 59-1492088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: MACDONNELL, DEBORAH  
Address: 506 PARISH BLVD  
City-St-Zip: MARY ESTHER, FL 32569

Title: DP ( ) Delete  
Name: MACDONNELL, JAMES  
Address: 506 PARISH BLVD  
City-St-Zip: MARY ESTHER, FL 32569

Title: VP ( ) Delete  
Name: MACDONNELL, DOUGLAS  
Address: 148 SHORELINE DR  
City-St-Zip: MARY ESTHER, FL 32569

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JAMES MACDONNELL

DP

03/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date