

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT



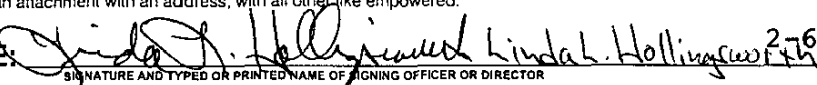
**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90038 038 \*\*\*150.00

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02062006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # 506437</b>					
1. Entity Name <b>SUN BULB COMPANY, INC.</b>					
Principal Place of Business <b>1615 HWY. 17 SOUTH P. O. DRAWER 698 ARCADIA, FL 34265 US</b>			Mailing Address <b>1615 HWY. 17 SOUTH P. O. DRAWER 698 ARCADIA, FL 34265 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1677460</b>	
				Applied For <input type="checkbox"/> Not Applicable	
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		
<b>HOLLINGSWORTH, RODNEY 2173 S.W. GARNER AVE ARCADIA, FL 34266</b>			Name: <b>Thomas Hollingsworth</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>4451 S E County Road 760</b>		
			City: <b>Arcadia</b> FL Zip Code: <b>34266</b>		
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:  <b>Thomas Hollingsworth</b> 2-6-2006 <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<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"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOLLINGSWORTH, LINDA L</b>		NAME		
STREET ADDRESS	<b>2173 SW GARNER AVENUE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>ARCADIA, FL</b>		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOLLINGSWORTH, JAN A</b>		NAME		
STREET ADDRESS	<b>4451 S E COUNTY ROAD 760</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>ARCADIA, FL</b>		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLINGSWORTH, THOMAS</b>		NAME		
STREET ADDRESS	<b>4451 SE COUNTY RD 760</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>ARCADIA, FL 34266</b>		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLINGSWORTH, RODNEY</b>		NAME		
STREET ADDRESS	<b>2173 SW GARNER AVE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>ARCADIA, FL 34266</b>		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLINGSWORTH, RODNEY W JR.</b>		NAME		
STREET ADDRESS	<b>803 MAXWELL STREET</b>		STREET ADDRESS	<b>1204 Norwood Place</b>	
CITY - ST - ZIP	<b>ORLANDO, FL 32804</b>		CITY - ST - ZIP	<b>Orlando, FL 32804</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLINGSWORTH, JAMI L</b>		NAME	<b>Jami Hollingsworth Goodlad</b>	
STREET ADDRESS	<b>5236 CHEDWORTH DRIVE</b>		STREET ADDRESS	<b>1209 Portland Avenue</b>	
CITY - ST - ZIP	<b>CHARLOTTE, NC 28210</b>		CITY - ST - ZIP	<b>Orlando, FL 32803</b>	
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:  <b>Linda L. Hollingsworth</b> 2-6-2006 863-494-4022 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# ATTACHMENT

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#506437

SUN BULB COMPANY, INC.  
OFFICERS AND DIRECTORS

## ADDITIONS AND CORRECTIONS:

Jennifer Manne Hollingsworth      D  
601 South Oregon Ave  
Tampa, FL 33606

Adam Perry Hollingsworth      D  
2950 Skylark Place  
Gainesville, GA 30506