

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 506437

FILED
Feb 19, 2007
Secretary of State

Entity Name: SUN BULB COMPANY, INC.

Current Principal Place of Business:

1615 HWY. 17 SOUTH
P. O. DRAWER 698
ARCADIA, FL 34265 US

New Principal Place of Business:

Current Mailing Address:

1615 HWY. 17 SOUTH
P. O. DRAWER 698
ARCADIA, FL 34265 US

New Mailing Address:

FEI Number: 59-1677460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLINGSWORTH, THOMAS
4451 SW CNTY RD, 760
ARCADIA, FL 34266 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: HOLLINGSWORTH, LINDA L
Address: 2173 SW GARNER AVENUE
City-St-Zip: ARCADIA, FL

Title: D () Delete
Name: HOLLINGSWORTH, JAN A
Address: 4451 S E COUNTY ROAD 760
City-St-Zip: ARCADIA, FL

Title: P () Delete
Name: HOLLINGSWORTH, THOMAS
Address: 4451 SE COUNTY RD 760
City-St-Zip: ARCADIA, FL 34266

Title: VP () Delete
Name: HOLLINGSWORTH, RODNEY
Address: 2173 SW GARNER AVE
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: HOLLINGSWORTH, RODNEY W JR.
Address: 1204 NORWOOD PL
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: GOODLAD, JAMIE H
Address: 1209 PORTLAND AVE
City-St-Zip: ORLANDO, FL 32803

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:

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

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

Title: D (X) Change () Addition
Name: GOODLAD, JAMI H
Address: 1017 VASSAR STREET
City-St-Zip: ORLANDO, FL 32804

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: LINDA L HOLLINGSWORTH

STD

02/19/2007

Electronic Signature of Signing Officer or Director

_____ Date