

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 506437

FILED  
Apr 07, 2008  
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:

1615 HWY. 17 SOUTH  
ARCADIA, FL 34266 US

## Current Mailing Address:

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

## New Mailing Address:

P.O. DRAWER 698  
ARCADIA, FL 34265 US

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: HOLLINGSWORTH, JAN A  
Address: 4451 S E COUNTY ROAD 760  
City-St-Zip: ARCADIA, FL 34266

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:

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY N. TAYLOR

CFO

04/07/2008

Electronic Signature of Signing Officer or Director

Date