

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 506437

FILED
Jan 21, 2009
Secretary of State

Entity Name: SUN BULB COMPANY, INC.

Current Principal Place of Business:

1615 HWY. 17 SOUTH
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

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 34266

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

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:

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

01/21/2009

Electronic Signature of Signing Officer or Director

Date