

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003645

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: REAGAN QUALITY LAMPS, INC.

## Current Principal Place of Business:

32402 TAMINA ROAD  
MAGNOLIA, TX 77354

## New Principal Place of Business:

## Current Mailing Address:

32402 TAMINA ROAD  
MAGNOLIA, TX 77354

## New Mailing Address:

FEI Number: 76-0146264

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARROLL, RICHARD B  
601 WEST ARCHER  
CAPE CORAL, FL 33904 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: P ( ) Delete  
Name: REAGAN, JEFF  
Address: 32402 TAMINA ROAD  
City-St-Zip: MAGNOLIA, TX 77354

Title: V ( ) Delete  
Name: REAGAN, PATRICIA  
Address: 32402 TAMINA ROAD  
City-St-Zip: MAGNOLIA, TX 77354

Title: ST ( ) Delete  
Name: BATES, PHYLLIS  
Address: 32402 TAMINA ROAD  
City-St-Zip: MAGNOLIA, TX 77354

Title: CD ( ) Delete  
Name: REAGAN, JAMES M  
Address: 32402 TAMINA ROAD  
City-St-Zip: MAGNOLIA, TX 77354

## 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PHYLLIS BATES

ST

04/29/2004

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

\_\_\_\_\_  
Date