



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90197 027 ***158.75

DOCUMENT # F04680 1. Entity Name LIGHTHOUSE AUDIO VISUAL RENTALS, INC.					
Principal Place of Business 2 MARCO LAKE DR P.O BOX 771 MARCO ISLAND, FL 34145 US			Mailing Address C/O W.D. KRAMER 1838 40TH TERRACE SW NAPLES, FL 34116 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 990039 Suite, Apt. #, etc.		 01102004 Chg-P CR2E034 (10/03)	
City & State _____		City & State NAPLES, FL			
Zip _____ Country _____		Zip 34116-6060 Country USA			
4. FEI Number 59-2061820		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KRAMER, WILLIAM D 1838 40TH TERRACE SW NAPLES, FL 34116			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 11925 COLLIER BVD, #201 City NAPLES FL Zip Code 34116-6543		
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 <u><i>William D. Kramer</i></u> WILLIAM D. KRAMER APR 12 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	V KOETTING, EUGENE M. 350 COLUMBUS WAY MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KOETTING, WILLIAM L. 480 BATTERSEA COURT MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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. WILLIAM L. KOETTING					
SIGNATURE: <u><i>William L. Koetting</i></u> 1-21-04 239-348-0272 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					