

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90003 009 ***163.75

DOCUMENT # F05000002659

1. Entity Name
LIGHTHOUSE ELECTRIC COMPANY OF PA, INC.



Principal Place of Business
**1957 RT 519 SOUTH
CANONSBURG, PA 15317**

Mailing Address
**1957 RT 519 SOUTH
CANONSBURG, PA 15317**

50024742



07272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1461881

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, DAWN R
2110 N OCEAN BLVD, STE 1503
FT LAUDERDALE, FL 33305**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | P |
| NAME | MIKEC, TODD A |
| STREET ADDRESS | 1957 RT 519 SOUTH |
| CITY-ST-ZIP | CANONSBURG, PA 15317 |

| | |
|----------------|----------------------|
| TITLE | VP |
| NAME | MIKEC, MARK A |
| STREET ADDRESS | 1957 RT 519 SOUTH |
| CITY-ST-ZIP | CANONSBURG, PA 15317 |

| | |
|----------------|----------------------|
| TITLE | VP |
| NAME | MIKEC, NEIL M |
| STREET ADDRESS | 1957 RT 519 SOUTH |
| CITY-ST-ZIP | CANONSBURG, PA 15317 |

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|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

P. Douglas Brock **P. Douglas Brock, Controller** **7/27/06** **724-873-3500**