

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 04, 2005 08:00 AM
Secretary of State**

DOCUMENT # F45782

1. Entity Name
A-1 LIGHTNING PROTECTION SERVICES, INC.



Principal Place of Business
10240 SW 134TH COURT
DUNNELLON, FL 34432 US

Mailing Address
10240 SW 134TH COURT
DUNNELLON, FL 34432 US



04012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2128630	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, JEFFREY D
10240 SW 134TH COURT
DUNNELLON, FL 34432

**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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEWIS, LINDA J.
STREET ADDRESS	10240 SW 134 COURT
CITY-ST-ZIP	DUNNELLON, FL 00000,

TITLE	S
NAME	LEWIS, JEFF
STREET ADDRESS	10240 SW 134 COURT
CITY-ST-ZIP	DUNELLON, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000288508
04/05/05-80012-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Jeffrey D. Lewis

JEFFREY D. LEWIS

4-2-05

352-465-0620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

Date

Daytime Phone #