

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F85367

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** THE LIGHTING GALLERY, INC.

**Current Principal Place of Business:**

5149 MARINER BLVD.  
SPRING HILL, FL 34609 US

**New Principal Place of Business:**

**Current Mailing Address:**

5149 MARINER BLVD.  
SPRING HILL, FL 34609 US

**New Mailing Address:**

**FEI Number:** 59-2208465

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LABORDA, MICHAEL  
11458 S. PORTAGE PT.  
FLORAL CITY, FL 34436 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** YOUNG, JAMES W  
**Address:** 9834 CROFTON LANE  
**City-St-Zip:** PORT RICHEY, FL 34668 US

**Title:** VP  
**Name:** LABORDA, MICHAEL  
**Address:** 11458 S. PORTAGE PT.  
**City-St-Zip:** FLORAL CITY, FL 34436 US

**Title:** S  
**Name:** LABORDA, PATRICIA  
**Address:** 810 WINDMERE BLVD  
**City-St-Zip:** INVERNESS, FL 34453 US

**Title:** T  
**Name:** LABORDA, PETE  
**Address:** 810 WINDMERE BLVD  
**City-St-Zip:** INVERNESS, FL 34453 US

I hereby 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 all other like empowered.

**SIGNATURE:** MIKE LABORDA

VP

04/25/2011

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

\_\_\_\_\_  
Date