

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000001568

1. Entity Name
COLONIAL LAMPLIGHTERS, INC.



Principal Place of Business
3300 BUCKEYE ROAD, STE. 777
ATLANTA, GA 30341

Mailing Address
3300 BUCKEYE ROAD, STE. 777
ATLANTA, GA 30341



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1852862	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32303

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	AP
NAME	LEVY, GIDEON
STREET ADDRESS	3300 BUCKEYE ROAD, STE. 777
CITY - ST - ZIP	ATLANTA, GA 30341

TITLE	AVP
NAME	PERETZ, ELI
STREET ADDRESS	3300 BUCKEYE ROAD, STE. 777
CITY - ST - ZIP	ATLANTA, GA 30341

TITLE	
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	

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01/20/04-80036-013 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gideon Levy, Acting Pres 1-14-04 770/458-7676

Date

Daytime Phone #