

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 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



07062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>58-1852862   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution. 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          | AP                          |
| NAME           | LEVY, GIDEON                |
| STREET ADDRESS | 3300 BUCKEYE ROAD, STE. 777 |
| CITY-ST-ZIP    | ATLANTA, GA 30341           |

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

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| CITY-ST-ZIP    |  |

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07/11/06-80028-009 158.75

**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

7-06-2006 (770)458-7676

Date Daytime Phone #