2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001053

Entity Name: LIGHTING & LAMP WHOLESALERS INC.

FILED May 14, 2004 Secretary of State

	c. Lioiiiii	O a Li vivii VVIII o LLO, III			
Current Principal Place of Business:			New Principal Place of Business:		
	TH 32ND STRE HAM, AL 3523				
Current Mailing Address:			New Mailing Address:		
PO BOX 1 BIRMING	2103 HAM, AL 3520	22103			
FEI Number	: 63-0513321	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address of	f New Registered Agent:	
417 EAST	CONNECTION VIRGINIA ST. SSEE, FL 323	, STE 1			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CDS (BURKS, PATR 809 WILLOW BIRMINGHAM,	OAK DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (WRIGHT, RUT 809 WILLOW BIRMINGHAM,	OAK DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD (CALHOUN, RA 1190 WILDER CROPWELL, A	NESS DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	TRES () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DOUGLAS MCPHERSON TRES 05/14/2004

MCPHERSON, DOUGLAS E

5225 SKYLINE DRIVE

WARRIOR, AL 35180

Name:

Address:

City-St-Zip: