

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002875

FILED
May 01, 2004
Secretary of State

Entity Name: NIGHTLITES PROFESSIONAL LIGHTSCAPING, INC.

Current Principal Place of Business:

2520 FLOWER ROAD
VENICE, FL 342932609

New Principal Place of Business:

Current Mailing Address:

2520 FLOWER ROAD
VENICE, FL 342932609

New Mailing Address:

FEI Number: 65-0878115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAULIN, JAMES W
2520 FLOWER ROAD
VENICE, FL 342932609 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: PAULIN, JAMES W
Address: 2520 FLOWER ROAD
City-St-Zip: VENICE, FL 34293

Title: STVC () Delete
Name: PAULIN, KAREN D
Address: 2520 FLOWER ROAD
City-St-Zip: VENICE, FL 342932609

Title: D () Delete
Name: KOCH, KAREN
Address: 15920 MARSHFIELD DR
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: JANSEN, HENK
Address: 248 LOYOLA ROAD
City-St-Zip: VENICE, FL 342936521

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: KAREN PAULIN

D

05/01/2004

Electronic Signature of Signing Officer or Director

Date