


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # G65964 1. Entity Name PAPAGEORGE'S LAMP & LIGHTING SERVICE, INC.																																										
Principal Place of Business 9018 GARDENS GLEN CIRCLE WEST PALM BEACH, FL 33418	Mailing Address 9018 GARDENS GLEN CIRCLE WEST PALM BEACH, FL 33418																																									
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent PAPAGEORGE, WILLIAM A., JR. 9018 GARDEN GLEN CIRCLE WEST PALM BEACH, FL 33418		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>DP</td></tr><tr><td>NAME</td><td>PAPAGEORGE WM A JR</td></tr><tr><td>STREET ADDRESS</td><td>9018 GARDENS GLEN CIRCLE</td></tr><tr><td>CITY-ST-ZIP</td><td>WEST PALM BEACH, FL 33418</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	DP	NAME	PAPAGEORGE WM A JR	STREET ADDRESS	9018 GARDENS GLEN CIRCLE	CITY-ST-ZIP	WEST PALM BEACH, FL 33418	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<div style="text-align: center;">000000510297 04/29/06-80001-004 150.00</div> DO NOT WRITE IN THIS SPACE
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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: <u>William A. Papageorge Jr</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-12-2006</u> Daytime Phone # <u>561-762-6515</u>																																								



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2336524	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	