

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90073 027 ***150.00

DOCUMENT # G70891

1. Entity Name

MID-STATE LIGHTNING PROTECTION, INC.



Principal Place of Business

**1075 A ORIENTA AVE
ALTAMONTE SPRINGS FL 32701
US**

Mailing Address

**1075 A ORIENTA AVE
ALTAMONTE SPRINGS FL 32701
US**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2346381

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**SAVELLE, JOYCE
1075 A ORIENTA AVE
ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PCEO** ☒ Delete
NAME **LUCAS, JAMES C**
STREET ADDRESS **1075A ORIENTA AVE**
CITY-ST-ZIP **ALTAMONTE SPGS FL 32701**

TITLE **STVP** ☐ Delete
NAME **SAVELLE, JOYCE**
STREET ADDRESS **1075 A ORIENTA AVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **VP** ☐ Delete
NAME **ALTMAN, JAMES H**
STREET ADDRESS **1075 A ORIENTA AVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME **ALTMAN, JAMES H**
STREET ADDRESS **1075A ORIENTA AVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FLA 32701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES H ALTMAN

PRESIDENT

2/6/06

Date

Daytime Phone #