

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H24091</b> 1. Entity Name SOUTHERN STATES LIGHTING, INC.			
Principal Place of Business 352 HAMPTON HILLS CT. DEBARY, FL 32713 US		Mailing Address 352 HAMPTON HILLS CT DEBARY, FL 32713 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01252004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2448531	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  MCDERMITT, WILFORD F. 352 HAMPTON HILLS CT DEBARY, FL 32713		<b>DO NOT WRITE IN THIS SPACE</b>	
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: <u>WILFORD F. McDERMITT - Pres. Wilford F. McDermit</u> 1-31-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000033836 02/05/04-80060-003 150.00
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCDERMITT, WILFORD F. 352 HAMPTON HILLS CT DEBARY, FL 32713		
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
12. I hereby certify that the information supplied with this filing does not qualify 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 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>Wilford F. McDermit - WILFORD F. McDERMITT - Pres. - 1/31/04</u>		Date: <u>1/31/04</u> Daytime Phone # <u>386-6684</u>	