

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90039 003 ***150.00

DOCUMENT # H86350	
1. Entity Name LIGHTHOUSE REALTY AND INVESTMENT CORP.	

Principal Place of Business C/O KENNETH J PARRISH 4411 BEACON CIRCLE STE 4 WEST PALM BEACH, FL 33407 US	Mailing Address C/O KENNETH J PARRISH 4411 BEACON CIRCLE STE 4 WEST PALM BEACH, FL 33407 US
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2. Principal Place of Business - No P.O. Box # 201 Fernandina St.	3. Mailing Address 201 Fernandina St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ft. Pierce FL	City & State Ft. Pierce FL
Zip 34949	Country US
Zip 34949	Country US

02292008 Chg-P CR2E034 (12/06)

4. FEI Number
59-2613946

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent PARRISH, KENNETH J 201 FERNAN DINA ST FORT PIERCE, FL 34949	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	201 Fernandina Street
City	Ft Pierce FL Zip Code 34949

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 X	DATE 2/29/08
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PARRISH, J. KENNETH, JR. 4411 BEACON CIR STE 4 WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 Fernandina St. Ft. Pierce FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 2/29/08 561-622-9992 Daytime Phone #