


# 2008 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90021 035 \*\*\*150.00

<b>DOCUMENT # K54530</b> 1. Entity Name <b>LAMPS 'N LIGHTS, INC.</b>			
Principal Place of Business <b>C/O GREGG CANTOR 3114 9TH STREET NORTH NAPLES FL 34103 US</b>		Mailing Address <b>C/O GREGG CANTOR 3114 9TH STREET NORTH NAPLES FL 34103</b>	
2. Principal Place of Business - No P.O. Box # <b>995 CENTRAL AVE</b>		3. Mailing Address <b>995 CENTRAL AVE</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES, FL</b>	
Zip <b>34102</b>	Country <b>USA</b>	Zip <b>34102</b>	Country <b>USA</b>
4. FEI Number <b>65-0092595</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CANTOR, GREGG 3114 9TH STREET NORTH NAPLES FL 34103</b>		7. Name and Address of New Registered Agent Name <b>GREGG CANTOR</b> Street Address (P.O. Box Number is Not Acceptable) <b>571 RAVEN WAY</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34110</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><i>G. Cantor</i></u> DATE <u>4-8-08</u> <small>Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CANTOR, GREGG 3114 9TH ST. NO. NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT GREGG CANTOR 571 RAVEN WAY NAPLES, FL 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/8/08 239-262-5535