

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90227 029 \*\*\*150.00

<b>DOCUMENT # M68137</b> 1. Entity Name CITY LIGHTING SERVICE, INC.			
Principal Place of Business <del>11259 ISLAND LAKES LN</del> <del>BOCA RATON, FL 33498</del> US		Mailing Address P.O. BOX 970882 BOCA RATON, FL 33497 US	
2. Principal Place of Business 16143 84th CT N Suite, Apt. #, etc. Loxahatchee FLA. City & State		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip 33470	Country U.S.A.	4. FEI Number 65-0100028	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MILLER, RICHARD P. <del>11259 ISLAND LAKES LN</del> <del>BOCA RATON, FL 33498</del> 16143 84th CT N Loxahatchee FLA 33470		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 <u>Richard P. Miller</u> DATE <u>May 9, 2005</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b>		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	P MILLER, ALAN 10341 MARLIN CIRCLE BOCA RATON, FL 33428	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MILLER, GLEN 11843 WATERGATE CIRCLE BOCA RATON, FL 33428	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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
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 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>Alan Miller</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>5/30/05</u> (561-422-3781) <small>Daytime Phone</small>	

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