

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90016 042 ***158.75

DOCUMENT # M68137 1. Entity Name CITY LIGHTING SERVICE, INC.			
Principal Place of Business 16143 84TH COURT N LOXAHATCHEE, FL 33470 US		Mailing Address 16143 84TH COURT N LOXAHATCHEE, FL 33470 US	
2. Principal Place of Business - No P.O. Box # 5654 N.W. 24th St Suite, Apt. #, etc.		3. Mailing Address 5654 N.W. 24th St. Suite, Apt. #, etc.	
City & State Okeechobee, FL Zip Country 34972 U.S.A.		City & State Okeechobee, FL Zip Country 34972 U.S.A.	
4. FEI Number 65-0100028		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, RICHARD P. 16143 84TH COURT N LOXAHATCHEE, FL 33470		7. Name and Address of New Registered Agent Name Miller, Alan Street Address (P.O. Box Number is Not Acceptable) 5654 N.W. 24th St. City Okeechobee FL Zip Code 34972	
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></u> Alan Miller P 3/1/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
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 P <input type="checkbox"/> Delete NAME MILLER, ALAN STREET ADDRESS 10341 MARLIN CIRCLE CITY-ST-ZIP BOCA RATON, FL 33428	TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Miller, Alan STREET ADDRESS 5654 N.W. 24th St. CITY-ST-ZIP Okeechobee, FL 34972		
TITLE VP <input type="checkbox"/> Delete NAME MILLER, GLEN STREET ADDRESS 11843 WATERGATE CIRCLE CITY-ST-ZIP BOCA RATON, FL 33428	TITLE M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Miller, Glen STREET ADDRESS 10341 Marlin Dr. CITY-ST-ZIP Boca Raton, FL 33428		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Miller, Betty STREET ADDRESS 5654 N.W. 24th St CITY-ST-ZIP Okeechobee, FL 34972		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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 <u></u> Alan Miller P		3/1/08 (863) 467-4008 <small>Date Daytime Phone #</small>	