
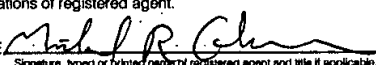
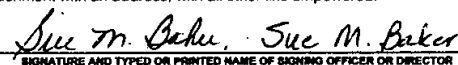


Jan 18
Sec

DOCUMENT # N01000000483			
1. Entity Name POWER AND LIGHT PRODUCTIONS OF WAUCHULA, INC.			
Principal Place of Business 3365 US 17 SOUTH BOWLING GREEN, FL 33834		Mailing Address P.O. BOX 97 WAUCHULA, FL 33873	
DO NOT WRITE IN THIS SPACE		01112008 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 59-3699077	
DO NOT WRITE IN THIS SPACE		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			
GRAHAM, MICHAEL R 3365 US 17 SOUTH BOWLING GREEN, FL 33834		DO NOT WRITE IN THIS SPACE	
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  Signature, typed or printed name of registered agent and title if applicable.		Michael R. Graham - President (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U00000789832 01/23/08-80009-017 70.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
D VASQUEZ, TINO P.O BOX 378 ZOLFO SPRINGS, FL 33890			
D BAKER, SUE M P.O BOX 611 WAUCHULA, FL 33873			
D GRAHAM, MICHAEL R P.O BOX 97 WAUCHULA, FL 33873			
D BONE, JOHN NEAL P.O. BOX 1161 WAUCHULA, FL 33873			
D CALDER, KATHY M 5969 STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890			
TITLE 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 617, 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		1-14-08 Date	
		863-375-4031 Daytime Phone #	