

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24019

FILED  
Feb 20, 2008  
Secretary of State

Entity Name: LAMPLIGHTERS, INC.

**Current Principal Place of Business:**

205 WEST BUSCH BLVD., SUITE 200  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

205 WEST BUSCH BLVD., SUITE 200  
TAMPA, FL 33612

**New Mailing Address:**

FEI Number: 59-2870886

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLARKE, ROBERT  
205 WEST BUSCH BOULEVARD  
SUITE 200  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALEXANDER, CLETA  
Address: 3435 BAYSHORE BLVD #1200.  
City-St-Zip: TAMPA, FL 33629

Title: SD ( ) Delete  
Name: WOOD, CLAIRE  
Address: 25117 EDGEWOOD ROAD.  
City-St-Zip: TAMPA, FL 33629

Title: TD ( ) Delete  
Name: CONATY, CYNTHIA  
Address: 2401 ARDSON PLACE #603B  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MULHOLLAND, LILA  
Address: 5018 S. SHORE CREST CIRCLE  
City-St-Zip: TAMPA, FL 33609

Title: SD (X) Change ( ) Addition  
Name: BROKAW, JULIE  
Address: 8419 CIMINO ESTATES DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA CONATY

TD

02/20/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date