


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90025 019 \*\*\*150.00

**DOCUMENT # P00000041964**

1. Entity Name  
**B & A SPORTS LIGHTING, INC.**



Principal Place of Business  
**625 LORRAINE CIRCLE  
 LAKE WALES, FL 33853**

Mailing Address  
**625 LORRAINE CIRCLE  
 LAKE WALES, FL 33853**

60040306

2. Principal Place of Business  
**4319 Ashton Club Dr.**

3. Mailing Address  
**4319 Ashton Club Dr.**

Suite, Apt. #, etc.



07122006 Chg-P CR2E034 (11/05)

City & State  
**Lake Wales FL**

City & State  
**Lake Wales FL**

Zip  
**33859-5718**

Country  
**USA**

4. FEI Number  
**59-3640059**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BENT, JOY S  
 625 LORRAINE CIRCLE  
 LAKE WALES, FL 33853**

7. Name and Address of New Registered Agent

Name  
**Bent, Joy S.**

Street Address (P.O. Box Number is Not Acceptable)  
**4319 Ashton Club Dr.**

City  
**Lake Wales**

State  
**FL**

Zip Code  
**33859-5718**

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 *Joy S. Bent* DATE 7-12-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENT, JAMES R 625 LORRAINE CIRCLE LAKE WALES, FL 33853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bent, James R. 4319 Ashton Club Dr. Lake Wales FL 33859-5718 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BENT, JOY S 625 LORRAINE CIRCLE LAKE WALES, FL 33853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD Bent, Joy S. 4319 Ashton Club Dr. Lake Wales FL 33859-5718 <input checked="" 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
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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 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: *Joy S. Bent* Joy S. Bent DATE 7-12-06 (863) 326-1367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #