

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90157 019 ***150.00

DOCUMENT # P00000046128 1. Entity Name MIDNIGHT D'LIGHT, INC.			
Principal Place of Business 1430 S FIRST STREET SUITE 4 LAKE CITY, FL 32025		Mailing Address 1430 S FIRST STREET SUITE 4 LAKE CITY, FL 32025	
2. Principal Place of Business 840 SW Main Blvd Suite, Apt. #, etc. Ste 101 Lake City FL Zip 32025 Country USA		3. Mailing Address 840 SW Main Blvd Suite, Apt. #, etc. Ste 101 Lake City FL Zip 32025 Country USA	
4. FEI Number 59-3642984		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04292004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent ODOM, JAMES L 1430 S FIRST STREET SUITE 4 LAKE CITY, FL 32025		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): 840 SW Main Blvd Ste 101 City: Lake City FL Zip Code: 32025	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	P ODOM, J L 1430 S FIRST STREET SUITE 4 LAKE CITY, FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 840 SW Main Blvd Ste 101 Lake City FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ODOM, D B 1430 S 1ST ST STE 4 LAKE CITY, FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 840 SW Main Blvd Ste 101 Lake City FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYNN, DERRELL E P.O. BOX 87 ST MARKS, FL 32353 <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
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><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: _____ Daytime Phone #: (386) 758-5610	