

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90407 025 \*\*\*150.00

**14013876**



04282005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P00000058740</b> 1. Entity Name <b>LIGHTHOUSE COVE SALES, INC.</b>					
Principal Place of Business <b>316 EAST PINE STREET ORLANDO, FL 32801</b>			Mailing Address <b>316 EAST PINE STREET ORLANDO, FL 32801</b>		
2. Principal Place of Business <b>100 Golden Bay Blvd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>100 Golden Bay Blvd.</b> Suite, Apt. #, etc.			
City & State <b>Oak Hill, Florida</b> Zip <b>32759</b>		City & State <b>Oak Hill, Florida</b> Zip <b>32759</b>		4. FEI Number <b>59-3652662</b> Applied For <input type="checkbox"/> Not Applicable	
Country _____		Country _____		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WARICK, THOMAS H 316 EAST PINE STREET ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name <b>Thomas H. Warlick</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 Golden Bay Boulevard</b> City <b>Oak Hill</b> <b>FL</b> Zip Code <b>32759</b>		
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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD WARICK, THOMAS H 316 EAST PINE STREET ORLANDO, FL 32801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD Thomas H. Warlick 100 Golden Bay Boulevard Oak Hill, Florida 32759
		<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			
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:		<b>Thomas H. Warlick</b>		Date <b>4/29/05</b>	Daytime Phone # <b>386-345-2536</b>