

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000079134

1. Entity Name  
ESTAR LIGHTING, INC.



**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90014 003 \*\*\*150.00

Principal Place of Business

1800 PENN STREET  
MELBOURNE, FL 32901

Mailing Address

1800 PENN STREET  
MELBOURNE, FL 32901

2. Principal Place of Business

1801 Penn Street  
Suite, Apt. #, etc.  
Suite 2

3. Mailing Address

P.O. Box 120460  
Suite, Apt. #, etc.

01222004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1042181

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WRAY, DON  
110 LOCUST RUN  
OCALA, FL 34472

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable)

Suite 2

City

Melbourne

FL

Zip Code

32901

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V  
NAME BRADSHAW, ROGER  
STREET ADDRESS 33 EMERALD COURT  
CITY-ST-ZIP OCALA, FL 34472 ☒ Delete

TITLE PT  
NAME WRAY, DON  
STREET ADDRESS 110 LOCUST RUN  
CITY-ST-ZIP OCALA, FL 34472 ☐ Delete

TITLE S  
NAME EARNSHAW, WILLIAM  
STREET ADDRESS 48 N.E. 56 TERRACE  
CITY-ST-ZIP OCALA, FL 34470 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP  
NAME Marek R. Olesiak ☐ Change ☒ Addition  
STREET ADDRESS 282 Neville Circle NE  
CITY-ST-ZIP Palm Bay, FL 32907

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04

Date

321-409-0025

Daytime Phone #