

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000110484

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: INDUSTRIAL LIGHTING PRODUCTS, INC.

## Current Principal Place of Business:

3995 ST. JOHNS PARKWAY  
SANFORD, FL 32771

## New Principal Place of Business:

## Current Mailing Address:

3995 ST. JOHNS PARKWAY  
SANFORD, FL 32771

## New Mailing Address:

FEI Number: 59-3699340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, LANCE D  
2781 W STATE RD 434  
LONGWOOD, FL 327794880 US

## Name and Address of New Registered Agent:

KOZLOWSKI, CHRISTOPHER L  
640 N SEMORAN BLVD  
ORLANDO, FL 32807 US

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: CHRISTOPHER L. KOZLOWSKI

04/03/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PLOURDE, VON A  
Address: 148 MARITIME DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: VP (X) Delete  
Name: PLOURDE, JASON V  
Address: 148 MARITIME DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: VP (X) Delete  
Name: BRENNAN, MICHAEL  
Address: 148 MARITIME DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: VP (X) Delete  
Name: HENDREN, JASON MR  
Address: 3995 ST. JOHNS PARKWAY  
City-St-Zip: SANFORD, FL 32771

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HENDREN, JASON W  
Address: 3995 ST. JOHNS PARKWAY  
City-St-Zip: SANFORD, FL 32771

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON HENDREN

P

04/03/2009

Electronic Signature of Signing Officer or Director

Date