

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90041 007 ***150.00

DOCUMENT # P00000111870

1. Entity Name

CONTINENTAL LIGHTING SERVICES, INC.



Principal Place of Business
5077 EAGLERMERE DR
ORLANDO FL 32819

Mailing Address
PO BOX 29467
DALLAS TX 75229



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3686041

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAMER, CHARLES W
1420 EDGEWATER DRIVE
ORLANDO FL 32804

Name Denene Huffman

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

City DeLand

FL

Zip Code 32720

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

1-31-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CARL, DAVID H
STREET ADDRESS 11566 CROMWELL CIRCLE
CITY-ST-ZIP DALLAS TX 75229

TITLE D ☐ Change ☒ Addition
NAME ROBERT FOLLETT
STREET ADDRESS 5077 EAGLESMERE DR
CITY-ST-ZIP ORLANDO, FL 32819

TITLE DS ☐ Delete
NAME HUFFMAN, DENENE
STREET ADDRESS 945 FATIO ROAD
CITY-ST-ZIP DELAND FL 32720

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

TITLE PD ☒ Delete
NAME EARL, DAVID H
STREET ADDRESS 11566 CROMWELL CIRCLE
CITY-ST-ZIP DALLAS TX 75229

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David H Carl David H Carl

1-28-04 972 365 3608