2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000004212

1. Entity Name
UNITED LIGHTING CO., INC.

FILED
04 JAN 15 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5716-1 ST. AUGUSTINE RD. JACKSONVILLE, FL 32207	5716-1 ST. AUGUSTINE RD. JACKSONVILLE, FL 32207

01102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3708444 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AKEL, EDWARD C
ONE INDEPENDENT DR, SUITE 2301
JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	GRIFFIN, JOHN E JR
STREET ADDRESS	5716 ST AUGUSTINE RD
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	P
NAME	JEFFRIES, JR., G. BOWER
STREET ADDRESS	5714-1 ST AUGUSTINE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	ST
NAME	JEFFRIES, MARTHA
STREET ADDRESS	5714-1 ST AUGUSTINE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100027771171
01/29/04--01030--013 **150.00

DO NOT WRITE IN THIS SPACE

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: Bower Jeffries January 13 2004 904-680-0874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

TR