

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 05, 2007 08:00 AM  
Secretary of State

DOCUMENT # P01000004212

1. Entity Name

UNITED LIGHTING CO., INC.



Principal Place of Business

5716-1 ST. AUGUSTINE RD.  
JACKSONVILLE FL 32207

Mailing Address

5716-1 ST. AUGUSTINE RD.  
JACKSONVILLE FL 32207



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

5716-1 St. Augustine Rd  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

Jacksonville FL  
Zip 32207 Country Duval

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 Akel, Edward C.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-31-2007

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, JOHN E JR	
STREET ADDRESS	5716 ST AUGUSTINE RD	
CITY - ST - ZIP	JACKSONVILLE FL 32258	
TITLE	P	<input type="checkbox"/> Delete
NAME	JEFFRIES, JR., G. BOWER	
STREET ADDRESS	5714-1 ST AUGUSTINE ROAD	
CITY - ST - ZIP	JACKSONVILLE FL 32207	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JEFFRIES, MARTHA	
STREET ADDRESS	5714-1 ST AUGUSTINE ROAD	
CITY - ST - ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000000620177
CITY - ST - ZIP	02/09/07-80026-013 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

1-31-2007

Date

904-680-0874

Daytime Phone #