2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 08:00 A
Secretary of State

DOCUMENT # P01000004212

1. Entity Name

UNITED LIGHTING CO., INC.

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

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	5716-1 St. Augustine Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Jacksonville Fl
Zip / Country	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	7. Name and Address of New Registered Agent
AKEL, EDWARD C ONE INDEPENDENT DR, SUITE 2301 JACKSONVILLE FL 32202	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 1-22-08
Signature, typed or printed name, of registered agent and title, if applicable (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIFFIN, JOHN E JR 5716 ST AUGUSTINE RD JACKSONVILLE FL 32258	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JEFFRIES, JR., G. BOWER 5714-1 ST AUGUSTINE ROAD JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST JEFFRIES, MARTHA 5714-1 ST AUGUSTINE ROAD JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000000795928 01/29/08-80048-018 150.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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] [signature] 1-22-08 904-680-0874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #