

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000018099

1. Entity Name  
THE LIGHTING SHOWROOM INC.



Principal Place of Business      Mailing Address  
4979 ELEA CALLE      4979 ELEA CALLE  
GULF BREEZE, FL 32563      GULF BREEZE, FL 32563



03042005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
59-3752656      Not Applicable

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

**6. Name and Address of Current Registered Agent**

COLANGELO, BRIAN  
4979 ELEA CALLE  
GULF BREEZE, FL 32563

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Brian Colangelo*      3-24-05

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing      \$5.00 May Be  
Trust Fund Contribution.      ☐ Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE      D  
NAME      COLANGELO, BRIAN  
STREET ADDRESS      4979 ELEA CALLE  
CITY - ST - ZIP      GULF BREEZE, FL 32563

TITLE      D  
NAME      KEEGAN, WILLIAM  
STREET ADDRESS      4903 ELEA CALLE  
CITY - ST - ZIP      GULF BREEZE, FL 32563

TITLE  
NAME  
STREET ADDRESS  
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1100000280700  
03/30/05-80031-010 150.00

**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)(f), 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 #

3-24-05