

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90039 038 ***550.00

DOCUMENT # P01000018099

1. Entity Name
THE LIGHTING SHOWROOM INC.



40000000

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

Mailing Address
4979 ELEA CALLE
GULF BREEZE, FL 32563

2. Principal Place of Business
4564 Gulf Breeze Pkwy
Suite, Apt. #, etc.

3. Mailing Address
PO Box 248
Suite, Apt. #, etc.

City & State
Gulf Breeze FL
Zip
32563
Country
USA

City & State
Gulf Breeze FL
Zip
32562-0248
Country
USA

01052006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3752656
Applied For
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

7. Name and Address of New Registered Agent

Name
Brian Colangelo
Street Address (P.O. Box Number is Not Acceptable)
4564 Gulf Breeze Pkwy
City
Gulf Breeze FL Zip Code
32563

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]*
Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/06
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06 850 916 9445
Date Daytime Phone #