

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000048695 1. Entity Name PALM LIGHTING AND ELECTRIC, INC.	
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Principal Place of Business 2615 NE 17 STREET FT LAUDERDALE, FL 33305	Mailing Address 2615 NE 17 STREET FT LAUDERDALE, FL 33305
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03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1107941	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAYLOR, KEVIN J ESQ
1390 N UNIVERSITY DRIVE
FT LAUDERDALE, FL 33322

**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 re-registering)

DATE

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

U000000113522
04/15/04-80012-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGELINI, VALERIE 1956 SOUTH OCEAN LANE STE #15 FT LAUDERDALE, FL 33166
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(b), 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:

Valerie A. Taylor **VALERIE A. TAYLOR**

4-12-04

954-592-4327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #