

2008 FOR PROFIT CORPORATION ANNUAL REPORT

03-31-2008 90016 034 ***150.00
FILED P01000056258

DOCUMENT # P01000056258	
1. Entity Name LIGHTHOUSE ELECTRIC ENTERPRISES, INC.	

2008 MAY 15 PM 3: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66007300



Principal Place of Business 2222 S COMBEE AVE SUITE 9 LAKELAND, FL 33801	Mailing Address PO BOX 2406 EATON PARK, FL 33840-2406
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03142008 Chg-P CR2E034 (12/08)

2. Principal Place of Business - No P.O. Box # 3640 Lakeland Rd	2. Mailing Address PO Box 24953
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lakeland FL	City & State Lakeland FL
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4. FEI Number 59-3723853	Applied For ☐ Not Applicable
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33910	Country USA	33802	Country USA
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAMS, ALBERT R 2711 MAINE AVE EATON PARK, FL 33840	7. Name and Address of New Registered Agent Name Albert R. Williams Street Address (P.O. Box Number is Not Acceptable) 3640 Lakeland Rd. City Lakeland State FL Zip 33810
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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 obligation of registered agent.

SIGNATURE Lea Williams DATE 3/14/08

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reissuance)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	NAME WILLIAMS, ALBERT STREET ADDRESS P.O. BOX 2406 CITY-ST-ZIP EATON PARK, FL 338402406 ☐ Delete	TITLE VP	NAME Albert Williams STREET ADDRESS PO Box 24953 Lakeland FL 33802 ☐ Change ☐ Addition
TITLE PS	NAME WILLIAMS, LEA STREET ADDRESS P.O. BOX 2406 CITY-ST-ZIP EATON PARK, FL 338402406 ☐ Delete	TITLE PS	NAME Lea Williams STREET ADDRESS PO Box 24953 Lakeland FL 33802 ☐ Change ☐ Addition
TITLE	NAME ☐ Delete	TITLE	NAME ☐ Change ☐ Addition
TITLE	NAME ☐ Delete	TITLE	NAME ☐ Change ☐ Addition
TITLE	NAME ☐ Delete	TITLE	NAME ☐ Change ☐ Addition
TITLE	NAME ☐ Delete	TITLE	NAME ☐ 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: Lea Williams