

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000066104

1. Entity Name
LIGHTHAUS, INC.



Principal Place of Business
11743 HEATHER GROVE LN
JACKSONVILLE, FL 32223

Mailing Address
11743 HEATHER GROVE LN
JACKSONVILLE, FL 32223



01152005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3728213

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PEPER, RICHARD C JR
3030 HARTLEY RD STE 150
JACKSONVILLE, FL 32257

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
STREET ADDRESS
CITY-ST-ZIP
DP
DAVISON, BURDETTE
11743 HEATHER GROVE LN
JACKSONVILLE, FL 32223

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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04/11/05-80008-003 150.00

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 #

Burdette L Davison 9 Apr 05 904-292-9527