


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90037 004 \*\*\*150.00

<b>DOCUMENT # P01000076044</b>		
1. Entity Name <b>LIGHT &amp; ART INC.</b>		
Principal Place of Business <b>6330 14 ST WEST, LOT # 18 BRADENTON FL 34207</b>		Mailing Address <b>6330 14 ST WEST, LOT # 18 BRADENTON FL 34207</b>
2. Principal Place of Business <b>4006 Winthrop St</b> Suite, Apt. #, etc.		3. Mailing Address <b>4006 Winthrop St</b> Suite, Apt. #, etc.
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>
Zip <b>34232</b>	Country <b>USA</b>	Zip <b>34232</b>
		Country <b>USA</b>



MOORE CR2E034 (11/03)

4. FEI Number <b>65-1140789</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>VEILLEUX, NATHALIE 6330 14 ST WEST LOT # 18 BRADENTON FL 34207</b>		7. Name and Address of New Registered Agent Name <b>(SAME) Nathalie Veilleux</b> Street Address (P.O. Box Number is Not Acceptable) <b>4006 Winthrop St</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34232</b>	
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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 obligations of registered agent.

SIGNATURE Nathalie Veilleux, President DATE 02-09-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BOUCHARD, PIERRE</b> <b>6330 14 ST WEST, LOT # 18</b> <b>BRADENTON FL 34207</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Pierre Bouchard (SAME)</b> <b>4006 Winthrop St</b> <b>Sarasota, FL, 34232</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VEILLEUX, NATHALIE</b> <b>6330 14TH ST. WEST, LOT #18</b> <b>BRADENTON FL 34207</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Nathalie Veilleux (SAME)</b> <b>4006 Winthrop St</b> <b>Sarasota, FL, 34232</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Nathalie Veilleux, Nathalie Veilleux DATE 02-09-04 DAYTIME PHONE # 941-378-0129  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR