

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90746 002 ***150.00

DOCUMENT # P02000015744

1. Entity Name
LIGHTPATH TECHNOLOGY, INC.



Principal Place of Business

**3810 GUNN HIGHWAY
TAMPA, FL 33624**

Mailing Address

**3810 GUNN HIGHWAY
TAMPA, FL 33624**

2. Principal Place of Business

442 W. Kennedy Blvd.

Suite, Apt. #, etc.

Suite 220

City & State

Tampa, FL

Zip

33606

Country

USA

3. Mailing Address

442 W. Kennedy Blvd.

Suite, Apt. #, etc.

Suite 220

City & State

Tampa, FL

Zip

33606

Country

USA



04292004

Chg-P

CR2E034 (10/03)

4. FEI Number

01-0596836

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KRAFFT, RANDALL
3810 GUNN HIGHWAY
TAMPA, FL 33624**

7. Name and Address of New Registered Agent

Name

W. Steve Rector

Street Address (P.O. Box Number is Not Acceptable)

442 W. Kennedy Blvd.

Suite 220

City

Tampa

FL

Zip Code

33606

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

W. Steve Rector (W. Steve Rector)

4/29/04

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRAFFT, RANDALL	
STREET ADDRESS	3810 GUNN HIGHWAY	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. Steve Rector	
STREET ADDRESS	4416 Brookwood Dr.	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Todd F. Walker	
STREET ADDRESS	4832 W. Sunset Blvd.	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William R. Harwood	
STREET ADDRESS	120 S. Church St. #204	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

W. Steve Rector (W. Steve Rector)

4/29/04

813-254-6511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #