## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Aug 12, 2004 08:00 AM Secretary of State DOCUMENT # P02000110213 1. Entity Name LIGHTHOUSE EQUITY FUNDING, INC. Principal Place of Business Mailing Address 480 FAIRWOOD AVE #157 51 S. MAIN AVE SUITE 318 CLEARWATER, FL 33759 CLEARWATER, FL 33765 No Chg-P 08062004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-D534975 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent INCORPORATE USA, INC. DO NOT WRITE 3150 SANDY RIDGE DR CLEARWATER, FL 33324 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 8-6-04 eldsoilage it eith bits meas bereisger to error bein (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE ROGERS, JOHN M NAME 480 FAIRWOOD AVE #157 STREET ADDRESS U00000170808 08/12/04-80007-012 150.00 CLEARWATER, FL 33759 CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 3331E NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THILE NAME STREET ADDRESS CITY-ST-2IP TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CRY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

**FILED** 

727-447-7773