

FILED

May 03, 2006 08:00 AM  
Secretary of State**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000019561

1. Entity Name  
NITELITES LANDSCAPE LIGHTING, INC.

Principal Place of Business

% JOHN H. HULL  
5714 COCO PALM DRIVE  
FORT LAUDERDALE, FL 33319

Mailing Address

% JOHN H. HULL  
5714 COCO PALM DRIVE  
FORT LAUDERDALE, FL 33319

04272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
75-3108450

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAUER, RONALD L  
171 SE 9 STREET  
POMPANO BEACH, FL 33060**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 restate.)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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  
D  
SAUER, RONALD L  
STREET ADDRESS  
171 SE 9 STREET  
CITY-ST-ZIP  
POMPANO BEACH, FL 33060TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP000000560310  
05/18/06-80030-715 150.00**DO NOT WRITE  
IN THIS SPACE**

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: *Ronald L. Sauer, Dir.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone If