

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00-AM**  
**Secretary of State**

**DOCUMENT # P03000023671**

1. Entity Name  
**L & M LIGHTING INC.**



Principal Place of Business  
**15600 OLD 41  
NAPLES, FL 34110**

Mailing Address  
**15600 OLD 41  
NAPLES, FL 34110**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**57-1152666**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CLIFFE, MARIE J  
513 PALM VIEW DR.  
NAPLES, FL 34110**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and file if applicable 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 **D**  
NAME **CLIFFE, MARIE J**  
STREET ADDRESS **513 PALM VIEW DR.**  
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **D**  
NAME **DEVITO, FRANK**  
STREET ADDRESS **525 PALM VIEW DR.**  
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **D**  
NAME **TRAPANI, LORETTA**  
STREET ADDRESS **2093 SEVILLA WAY**  
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UD00000419869  
02/15/06-80025-008 150.00

**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: Marie Cliffe Feb 1, 2006 239-593-1581  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARIE CLIFFE