

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061791

FILED
Apr 09, 2009
Secretary of State

Entity Name: LIGHTING SOLUTIONS AND DESIGN, INC.

Current Principal Place of Business:

11780 B METRO PKWY
FORT MYERS, FL 33966

New Principal Place of Business:

Current Mailing Address:

11780 B METRO PKWY
FORT MYERS, FL 33966

New Mailing Address:

FEI Number: 13-4253068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAMBOULY, LYNNE
11780 B METRO PKWY
FORT MYERS, FL 33966 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STAMBOULY, LYNNE
Address: 11780 B METRO PKWY
City-St-Zip: FORT MYERS, FL 33966

Title: VPSD () Delete
Name: STAMBOULY, CARL
Address: 11780 B METRO PKWY
City-St-Zip: FORT MYERS, FL 33966

Title: T () Delete
Name: ROTH, DOUGLAS JR.
Address: 11780 B METRO PKWY
City-St-Zip: FORT MYERS, FL 33966

Title: S () Delete
Name: BOLLING, CARL H
Address: 11780 B METRO PKWY
City-St-Zip: FORT MYERS, FL 33966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: STAMBOULY, CARL
Address: 11780 B METRO PKWY
City-St-Zip: FORT MYERS, FL 33966

Title: S (X) Change () Addition
Name: STAMBOULY, CARL
Address: 11780 B METRO PKWY
City-St-Zip: FORT MYERS, FL 33966

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNNE STAMBOULY

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date