

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90030 033 \*\*\*158.75

**DOCUMENT # P03000087985**

1. Entity Name  
**MEDICAL LIGHTING SOLUTIONS, INC.**



Principal Place of Business  
**16004 WILMINGTON PLACE  
TAMPA, FL 33647 US**

Mailing Address  
**16004 WILMINGTON PLACE  
TAMPA, FL 33647 US**

40000418



2. Principal Place of Business  
**12980 MALLORY CIRCLE**

3. Mailing Address  
**12980 MALLORY CIRCLE**

Suite, Apt. #, etc.  
**201**

Suite, Apt. #, etc.  
**201**

01062005 Chg-P CR2E034 (10/03)

City & State  
**ORLANDO, FL**

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**ORLANDO, FL**

4. FEI Number  
**27-0065045**

Applied For  
Not Applicable

Zip Country  
**32828 USA**

Zip Country  
**32828 USA**

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

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

**SCHOENFELD, WINSTON V  
16004 WILMINGTON PLACE  
TAMPA, FL 33647**

**7. Name and Address of New Registered Agent**

Name **WINSTON V. SCHOENFELD**

Street Address (P.O. Box Number is Not Acceptable)  
**12980 MALLORY CIRCLE**

**#201**

City **ORLANDO** FL Zip Code **32828**

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. Schoenfeld* **W. SCHOENFELD, CEO** **1-6-2005**

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **CEO** ☐ Delete  
NAME **SCHOENFELD, WINSTON V DR.**  
STREET ADDRESS **16004 WILMINGTON PLACE**  
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **CEO** ☒ Change ☐ Addition  
NAME **WINSTON V. SCHOENFELD**  
STREET ADDRESS **12980 MALLORY CIRCLE, #201**  
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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. Schoenfeld* **W. SCHOENFELD CEO** **1/6/05** **813.610.8300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #