

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90115 002 ***550.00

DOCUMENT # P03000102133 1. Entity Name R. LIGHTLE CONSTRUCTION INCORPORATED			
Principal Place of Business 5050 FAIRWAYS CIRCLE #208 VERO BEACH, FL 32967		Mailing Address 5050 FAIRWAYS CIRCLE #208 VERO BEACH, FL 32967	
2. Principal Place of Business 5090 Fairways Cir Suite, Apt. #, etc. 208 City & State Vero Beach FL Zip 32967 Country Indian River		3. Mailing Address 5090 Fairways Cir Suite, Apt. #, etc. 208 City & State Vero Beach FL Zip 32967 Country Indian River	
4. FEI Number 03-0525428		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIGHTLE, ROGER 5050 FAIRWAYS CIRCLE #208 VERO BEACH, FL 32967		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIGHTLE, ROGER 5050 FAIRWAYS CIRCLE #208 VERO BEACH, FL 32967	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lightle Roger 5090 Fairways Cir #208 Vero Beach FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIGHTLE, DAWN 5050 FAIRWAYS CIRCLE #208 VERO BEACH, FL 32967	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lightle Dawn 5090 Fairways Cir #208 Vero Beach FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 6/30/05 Daytime Phone #	