


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90007 030 ***150.00

DOCUMENT # P03000104723

1. Entity Name
AARON'S LIGHTING, INC.



Principal Place of Business Mailing Address
167 DRENNEN RD **167 DRENNEN RD**
ORLANDO, FL 32806 **ORLANDO, FL 32806**

44002264



2. Principal Place of Business 3. Mailing Address
4279 Tidewater Dr. **4279 Tidewater Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01072004 Chg-P CR2E034 (10/03)

City & State City & State
Orlando FL **Orlando FL**
 Zip Country Zip Country
32812 US **32812 US**

4. FEI Number Applied For
68-0567011 Not Applicable

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

6. Name and Address of Current Registered Agent
CARTER, RICHARD
5901 COVE DR
ORLANDO, FL 32812

7. Name and Address of New Registered Agent
 Name **Aaron D. Carter**
 Street Address (P.O. Box Number is Not Acceptable)
4279 Tidewater Dr.
 City **Orlando** **FL** Zip Code **32812**

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 **Aaron D. Carter** **A D Carter** **1/11/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 <input type="checkbox"/> Delete
NAME	CARTER, RICHARD
STREET ADDRESS	5901 COVE DR
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	D <input type="checkbox"/> Delete
NAME	CARTER, AARON
STREET ADDRESS	4279 TIDEWATER DR
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Aaron D. Carter** **A D Carter** **as president** **1/11/04** **407-617-2141**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #