2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000105259

Entity Name
 LIGHT UP BRANDON, INC.



Principal Place of Business

119 CENTRAL DR STE A BRANDON, FL 33510 Mailing Address

119 CENTRAL DR STE A BRANDON, FL 33510 FILED Feb 22, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02152007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0247181

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

BENNETT, CHRIS 603 VICTORIA STREET BRANDON, FL 33510

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	incing \$5.00 May Be	U00000643746 03/02/07-80015-002 150.00
10.	0. OFFICERS AND DIRECTORS		1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENNETT, CHRIS 603 VICTORIA STREET BRANDON, FL 33510			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENNETT, CYNTHIA 603 VICTORIA ST BRANDON, FL 33510			
TITLE NAME Street Address City-St-Zip	V WALKER, M SHANNON 1214 HAWKLEY CT VALRICO, FL 33594		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, SUZANNE J S 1214 HAWKLEY CT VALRICO, FL 33594			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, JOHN 628 PENN NATIONAL RD SEFFNER, FL 33584			

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:

CUNNINGHAM, PAMELA 628 PENN NATIONAL RD

SEFFNER, FL 33584

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

anell .

Vosident.

Feb. 16. 20

913-662-3100

Daytime Phone it