

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 08, 2005 8:00 am
Secretary of State**

04-08-2005 90035 042 ***150.00

| | | |
|---|--|---|
| DOCUMENT # P03000118283 | |  |
| 1. Entity Name LIGHTNING ENTERPRISES OF NORTH FLORIDA INC. | | |

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|--|--|
| Principal Place of Business 100 GOBBLER RD INTERLACHEN, FL 32148 | Mailing Address 100 GOBBLER RD INTERLACHEN, FL 32148 |
|--|--|

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|--|---|
| 2. Principal Place of Business | 3. Mailing Address P O Box 2194 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State Interlachen Florida |
| Zip | Country 32148 |
| Country FL | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent LOWRIE, DALE E 100 GOBBLER RD INTERLACHEN, FL 32148 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |



03102005 Chg-P CR2E034 (10/03)

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|------------------------------------|---|
| 4. FEI Number 57-1194841 | Applied For <input type="checkbox"/> |
| | Not Applicable |

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 \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT LOWRIE, DALE E 100 GOBBLER RD INTERLACHEN, FL 32148 |
| <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS LOWRIE, DALE E JR. 100 GOBBLER RD INTERLACHEN, FL 32148 |
| <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO Box 2194 Interlachen FL 32148 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO Box 2194 Interlachen FL 32148 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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:  Dale E Lowrie, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #