

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000148467

1. Entity Name
LESIGHT REFRIGERATION AND AIR CONDITIONING, INC.



Principal Place of Business
**6854 SOLO TERRACE
HOMOSASSA, FL 34448**

Mailing Address
**POST OFFICE BOX 399
HOMOSASSA SPRINGS, FL 34447**

DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0553839

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LESIGHT, PAUL G
6854 SOLO TERRACE
HOMOSASSA, FL 34448**

**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 reinsating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
LESIGHT, JANICE A
6854 SOLO TERRACE
HOMOSASSA, FL 34448**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
LESIGHT, PAUL G JR.
6854 SOLO TERRACE
HOMOSASSA, FL 34448**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000240151
02/23/05-60019-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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

PAUL G. LESIGHT
(PRES)

2/18/05

**352-
6028-2411**