

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000148467

FILED  
Apr 17, 2007  
Secretary of State

**Entity Name:** LESIGHT REFRIGERATION AND AIR CONDITIONING, INC.

**Current Principal Place of Business:**

6854 SOLO TERRACE  
HOMOSASSA, FL 34448

**New Principal Place of Business:**

6854 SOLO TERRACE  
HOMOSASSA, FL 34446

**Current Mailing Address:**

POST OFFICE BOX 399  
HOMOSASSA SPRINGS, FL 34447

**New Mailing Address:**

**FEI Number:** 20-0553839

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

LESIGHT, PAUL G  
6854 SOLO TERRACE  
HOMOSASSA, FL 34446 US

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.

SIGNATURE: \_\_\_\_\_

04/17/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DST ( ) Delete  
Name: LESIGHT, JANICE A  
Address: 6854 SOLO TERRACE  
City-St-Zip: HOMOSASSA, FL 34448

Title: DP ( ) Delete  
Name: LESIGHT, PAUL G JR.  
Address: 6854 SOLO TERRACE  
City-St-Zip: HOMOSASSA, FL 34448

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DST (X) Change ( ) Addition  
Name: LESIGHT, JANICE A  
Address: 6854 SOLO TERRACE  
City-St-Zip: HOMOSASSA, FL 34446

Title: DP (X) Change ( ) Addition  
Name: LESIGHT, PAUL G JR.  
Address: 6854 SOLO TERRACE  
City-St-Zip: HOMOSASSA, FL 34446

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL G LESIGHT

PRES

04/17/2007

Electronic Signature of Signing Officer or Director

Date