

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000007453

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** AURORA OUTDOOR LIGHTING FT. LAUDERDALE INC.

**Current Principal Place of Business:**

19329 US HIGHWAY 19 NTH  
SUITE 100  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

19329 US HIGHWAY 19 NTH  
SUITE 100  
CLEARWATER, FL 33764

**New Mailing Address:**

**FEI Number:** 43-2090558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COMISKEY, MARK  
424 BELLE ISLE AVENUE  
BELLEAIR BEACH, FL 33786 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: COMISKEY, MARK  
Address: 424 BELLE ISLE AVENUE  
City-St-Zip: BELLEAIR BEACH, FL 33786 US

I hereby 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 all other like empowered.

SIGNATURE: MARK COMISKEY

PSTD

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date