

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90365 033 ***150.00

DOCUMENT # P04000047590	
1. Entity Name BRYAN OWENSBY LIGHTING, INC.	

Principal Place of Business P.O. BOX 18524 WEST PALM BEACH, FL 33415	Mailing Address P.O. BOX 18524 WEST PALM BEACH, FL 33415
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50041463

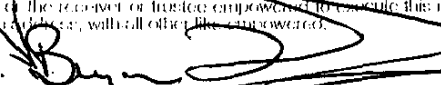
2. Principal Place of Business State, Apt. #, etc.		3. Mailing Address State, Apt. #, etc.		4. FEI Number 20-0876152		Applied for Domestication
City & State		City & State		5. Certificate of Status Desired ☐ TO CHANGE		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MARTIN, STEFFANI T 1704 17TH LANE LAKE WORTH, FL 33463		7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____ (Signature required for change of registered agent and office if applicable) (Date of change of registered agent and office if applicable)	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State.	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
NAME PD BRYAN OWENSBY	TITLE	DO NOT WRITE IN THIS SPACE	
STREET ADDRESS P.O. Box 18524	NAME		
CITY, ST, ZIP WEST PALM BEACH, FL 33415	STREET ADDRESS		
	CITY, ST, ZIP		
	NAME		
	STREET ADDRESS		
	CITY, ST, ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(3)(b), 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 of this filing in accordance with an affidavit, with all other files, empowered.	
SIGNATURE: 	4.18.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BRYAN OWENSBY, PRES.	