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	Mailing Address
P.O. BOX 18524 WEST PALM BEACH, FL 33415	P.O. BOX 18524 WEST PALM BEACH, FL 33415

50041463

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
20-0876152

Applied For

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
TD CHANCE

6. Name and Address of Current Registered Agent	7. ~~Name and Address of~~ Current Registered Agent
MARTIN, STEFFANI T 1704 17TH LANE LAKE WORTH, FL 33463	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 when changing registered agent address. (NOTE: Registered Agent signature required when reinstating)

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

TITLE PD NAME Bryan Owensby STREET ADDRESS P.O. Box 18524 CITY-ST-ZIP WEST PALM BEACH, FL. 33415		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4.18.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
BRYAN OWENSBY PRES.