


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

7/18/05

FILED
Aug 25, 2005 8:00 am
Secretary of State

07-08-2005 90020 022 ***150.00

DOCUMENT # P04000056023			
1. Entity Name LIGHTHOUSE FREIGHT, INC.			
Principal Place of Business 485 ALSEY DR. ORANGE PARK, FL 32073		Mailing Address P.O. BOX 353 ORANGE PARK, FL 32067	
2. Principal Place of Business		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 90-0157420		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, NANCY P 485 ALSEY DR. ORANGE PARK, FL 32073		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 agents, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when releasing)</small>			
FILE NOW!! FEB 18 \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Nancy P. Smith 485 Alsey Dr Orange Park FL 32067	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Nancy P. Smith</u>		Date: <u>5 July 05</u> 904-278-7434	
<small>SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>		<small>Date</small>	

DDU40204



07052005 Chg-P CR2E004 (10/03)