

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000132235

1. Entity Name
AMBIENT LIGHTING, INC.



Principal Place of Business
**2903 DUSA DR. UNIT D
MELBOURNE, FL 32934**

Mailing Address
**2903 DUSA DR. UNIT D
MELBOURNE, FL 32934**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1642377

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JONES, KAREN A
2903 DUSA DR. UNIT D
MELBOURNE, FL 32934**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
JONES, KAREN A
STREET ADDRESS
2186 SPRING CREEK CIRCLE NE
CITY-ST-ZIP
PALM BAY, FL 32905

TITLE
VP
NAME
JONES, WILLIAM M
STREET ADDRESS
2186 SPRING CREEK CIRCLE NE
CITY-ST-ZIP
PALM BAY, FL 32905

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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05/12/08-80026-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Karen A. Jones* *Karen A. Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08
Date

321-751-6506
Daytime Phone #