2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2005
Secretary of State

DOCUMENT# P04000151527

Entity Name: GULF COAST LIGHTING SERVICES, INC.

Current Principal Place of Business:

534 WINDSWEPT BLVD.
FREEPORT, FL 32439 US

New Principal Place of Business:

Current Mailing Address:

443 DELAWARE ROAD
FREDERICK, MD 21701 US

New Mailing Address:

PO BOX 987
FREEPORT, FL 32439 US

FEI Number: 20-1826462 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

APPLEMAN-MONIZ, CARLOTTA
304 MAGNOLIA AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

MASON, ANDA J
534 WINDSWEPT BLVD
FREEPORT, FL 32439 US

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: ANDA J MASON 02/26/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P,S ( ) Delete
Name: MASON, ANDA
Address: 443 DELAWARE ROAD
City-St-Zip: FREDERICK, MD 21701

Title: VP ( ) Delete
Name: MASON, JOSH
Address: 443 DELAWARE ROAD
City-St-Zip: FREDERICK, MD 21701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change ( ) Addition
Name: MASON, ANDA
Address: 534 WINDSWEPT BLVD
City-St-Zip: FREEPORT, FL 32439

Title: VP (X) Change ( ) Addition
Name: MASON, JOSH
Address: 534 WINDSWEPT BLVD
City-St-Zip: FREEPORT, FL 32439

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ANDA MASON P 02/26/2005
Electronic Signature of Signing Officer or Director Date