2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State
04-05-2006 90150 012 ***150.00

DOCUMENT # P05000017124

1. Entity Name
TRIANGLE LIGHTNING PROTECTION, INC.

50008965

Principal Place of Business	Mailing Address
4150 N HWY 19A MT DORA, FL 32757	4150 N HWY 19A MT DORA, FL 32757

02182006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
4150 N HWY 19A		4150 N HWY 19A	
Suite, Apt. #, etc. SUITE 2		Suite, Apt. #, etc. SUITE 2	
City & State MT DORA, FL		City & State MT DORA, FL	
Zip 32757	Country US	Zip 32757	Country US

4. FEI Number 20-2233391 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREENFELDER, GLEN E 14217 THIRD ST DADE CITY, FL 33523-3828	Name: GLEN J SCHULTE Street Address (P.O. Box Number Is Not Acceptable): 4150 N HWY 19A SUITE 2 City: MT DORA FL Zip Code: 32757

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ROBIN M SCHULTE (president) 4150 HWY 19A, SUITE 2 MT DORA, FL 32757	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: GLEN J SCHULTE (vice president) 4150 N HWY 19A, SUITE 2 MT DORA, FL 32757	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Robin M. Schulte Robin M. Schulte President 3-6-06 (352) 636-5991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #