FILED
May 16, 2008 8:00 am
Secretary of State
05-16-2008 90017 050 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000017124

1. Entity Name
TRIANGLE LIGHTNING PROTECTION, INC.

40103051

Principal Place of Business	Mailing Address
4150 N HWY 19A MT DORA, FL 32757	4150 N HWY 19A MT DORA, FL 32757
2. Principal Place of Business - No P.O. Box # 2587 CR 44 WEST	3. Mailing Address 2587 CR 44 WEST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State EUSTIS, FL	City & State EUSTIS, FL
Zip 32726 Country	Zip 32726 Country

04102008 Chg-P CR2E034 (12/06)

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
SCHULTE, GLEN J 4150 N HWY 19A STE 2 MOUNT DORA, FL 32757	Name Street Address (P.O. Box Number is Not Acceptable) 2587 CR 44 WEST City EUSTIS, FL FL Zip Code 32726

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHULTE, ROBIN M 4150 HWY 19A STE 2 MOUNT DORA, FL 32757 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2587 CR 44 WEST EUSTIS, FL 32726
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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 4/14/2008 (352)483-7020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #