

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P05000072024

1. Entity Name
LIGHT HOUSE SKYLIGHTS INC



Principal Place of Business
748 SANTA FE AVE
ORMOND BEACH, FL 32174

Mailing Address
748 SANTA FE AVE
ORMOND BEACH, FL 32174



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2862960

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BENNETT, HAROLD
1238 RIDGEWOOD AVE
HOLLY HILL, FL 32117

**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, 2007 Fee will be \$550.00

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

U00000758205
05/23/07-80104-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GILL, PATRICK
STREET ADDRESS	748 SANTA FE AVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174

TITLE	VP
NAME	GILL, DAVID
STREET ADDRESS	748 SANTA FE AVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Gill 4/30/07 386 871 8415

Date

Daytime Phone #