2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

ANNUAL REPORT				Secretary of State				
DOCUMENT # P05000111606				·)5-01-2006 9	0341 010 ***150.0)O	
1. Entity Name ARCHITECTURAL & LANDSCAPE LIGHTING, INC.								
Principal Plac	e of Business	Mailing Address		400				
1599 DRUID Maitland, F	ROAD	1599 DRUID ROAD MAITLAND, FL 32751	US		:		·	
2. Principal Place of Business 931 N. STATE ROAD 434		3. Mailing Address						
Suite, Apt. #, etc. SUITE # 1201 - 365		Suite, Apt. #, etc.		04262006	Chg-P	CR2E034 (11/05)		
City & State ALTAMONTE SPRINGS, FL		City & State		4. FEI Numbe 20 - 330			opiled For ot Applicable	
Zip Country		Zip	Zip Country		of Status Desired	□ \$8.75 Add	ditional	
32714	USA 6. Name and Address of Currer	nt Registered Agent				Fee Require Registered Agent	<u>d</u>	
COOLEY, R. EDWARD ESQ.				Name				
1450 WEST STATE ROAD 434 SUITE 200			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	OD, FL 32750				_			
			City			FL Zip Cod		
8. The above the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered office or regist	ered agent, or bot	h, in the State of F	Florida. 1 am familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered age	of and title if providentally (MATTE	: Registered Agent signature requir			DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campai	gn Financing\$.	5.00 May Be				
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	P WAISMAN, ROEMY 1599 DRUID ROAD MAITLAND, FL 32751	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WAISMAN, ROEMY 1599 DRUID ROAD MAITLAND, FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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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	
indicated	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee emi or on an attachment with an address	is true and accurate and that re	v signature shall have the	e same legal effec	t as if made unde	roath: that I am an officer	or director	