

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/6/2006-90042-012-\$150.00-\$150.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 25 PM 1:38



2nd MOORE CR2E034 (4/06)

<b>DOCUMENT #</b> <u>P05000144401</u>			
<b>1. Entity Name</b> CPT LIGHT ENTERPRISES, INC.			
<b>Principal Place of Business</b> 10960 BEACH BLVD LOT #1 JACKSONVILLE FL 32246		<b>Mailing Address</b> 10960 BEACH BLVD LOT #1 JACKSONVILLE FL 32246	
<b>2. Principal Place of Business</b> <u>10960 BEACH BLVD</u>		<b>3. Mailing Address</b> <u>10960 BEACH BLVD</u>	
State, Apt. #, etc. <u>LOT #1</u>		State, Apt. #, etc. <u>LOT #1</u>	
City & State <u>JACKSONVILLE FLA</u>		City & State <u>JACKSONVILLE, FLA</u>	
Zip <u>32246</u>		Zip <u>32246</u>	
Country <u>DUVAL</u>		Country <u>DUVAL</u>	
<b>4. FEI Number</b> <u>20-3731361</u>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> LIGHT, GEORGE A 10960 BEACH BLVD LOT #1 JACKSONVILLE FL 32246		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL Zip Code</span>	
<b>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.</b> SIGNATURE: <u>George Light</u> <u>GEORGE LIGHT</u> DATE: <u>9/1/06</u> <small>Signatures, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 6, 2006</b> <b>Make Check Payable to Florida Department of State</b>		S. 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR LIGHT, GEORGE A 10960 BEACH BLVD LOT #1 JACKSONVILLE FL 32246	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DIRECTOR ALANA R THOMPSON 10960 BEACH BLVD LOT 1 JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
SIGNATURE: <u>George Light</u> <u>GEORGE LIGHT</u>		DATE: <u>9/1/06</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	