

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000019286

Entity Name: LIGHTNING GRAPHICS, INC.

FILED
Mar 21, 2007
Secretary of State

Current Principal Place of Business:

4519 LAFAYETTE ST
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

4519 LAFAYETTE ST
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 20-2143841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLOUD, JEFFREY
4434 PEANUT RD
COTTONDALE, FL 32431 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLOUD, JEFFREY
Address: 4434 PEANUT RD
City-St-Zip: COTTONDALE, FL 32431

Title: D () Delete
Name: CLOUD, MICHELLE J
Address: 4434 PEANUT RD
City-St-Zip: COTTONDALE, FL 32431

Title: D (X) Delete
Name: CHASON, JOSEPH E
Address: 2230 LOVERS LN
City-St-Zip: GRAND RIDGE, FL 32442

Title: D (X) Delete
Name: CLOUD, JAMES E
Address: 4432 PEANUT RD
City-St-Zip: COTTONDALE, FL 32431

Title: D (X) Delete
Name: BENNETT, BRYON
Address: 4784 ARCHERY LN
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CLOUD, JEFFREY F PD
Address: 4434 PEANUT RD
City-St-Zip: COTTONDALE, FL 32431 US

Title: D (X) Change () Addition
Name: CLOUD, JAMES E D
Address: 4432 PEANUT ROAD
City-St-Zip: COTTONDALE, FL 32431 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY CLOUD

PD

03/21/2007

Electronic Signature of Signing Officer or Director

Date