

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90328 001 ***300.00

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04272007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000028245

1. Entity Name
LIGHTING RESEARCH LABS, INC.



Principal Place of Business
700 SOUTH PLUMOSA ST.
MERRITT ISLAND, FL 32952

Mailing Address
700 SOUTH PLUMOSA ST.
MERRITT ISLAND, FL 32952

2. Principal Place of Business - No P.O. Box #
244 McLeod St.

3. Mailing Address
244 McLeod St.

Suite, Apt. #, etc.

City & State
Merritt Island, FL

City & State
Merritt Island FL

Zip
32953

Country
USA

Zip
32953

Country
USA

4. FEI Number
20-8937227

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EDINGER, JAY N.
700 S. PLUMOSA STREET
MERRITT ISLAND, FL 32952

7. Name and Address of New Registered Agent

Name
Jay N. Edinger

Street Address (P.O. Box Number is Not Acceptable)
244 McLeod St.

City
Merritt Island FL Zip Code
32953

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 Jay N. Edinger 4-30-07

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDINGER, JAY N 700 SOUTH PLUMOSA ST. MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Edinger Jay N. 244 McLeod St. Merritt Island, FL 32953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jay N. Edinger 4-30-07 324-453-8319

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR