

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90327 028 ***150.00

DOCUMENT # P06000071384

1. Entity Name
CRESTVIEW LIGHTING AND POWER SUPPLY, INC.



Principal Place of Business
**113 SCRANTON STREET
FORT WALTON BEACH, FL 32547 US**

Mailing Address
**113 SCRANTON STREET
FORT WALTON BEACH, FL 32547 US**

2. Principal Place of Business - No P.O. Box #
804 North Lloyd Street

3. Mailing Address
804 North Lloyd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152007 Chg-P CR2E034 (12/06)

City & State
Crestview, FL

City & State
Crestview, FL

4. FEI Number
20-4919354

Applied For
Not Applicable

Zip
32536

Country
USA

Zip
32536

Country
USA

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

6. Name and Address of Current Registered Agent

**MIRON, FREDERICK
113 SCRANTON STREET
FORT WALTON BEACH, FL 32547**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
804 North Lloyd Street

City
Crestview

FL

Zip Code
32536

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P D
MIRON, FREDERICK
113 SCRANTON STREET
FORT WALTON BEACH, FL 32547**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP D
BIEHL, MARK
712 E HOLLYWOOD BLVD
MARY ESTHER, FL 32569**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☒ Change ☐ Addition

**804 North Lloyd Street
Crestview, FL 32536**

TITLE
NAME
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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:

Frederick Miron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-11-07 (252) 862-1236