

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90007 033 \*\*\*150.00

<b>DOCUMENT # P06000071384</b>					
<b>1. Entity Name</b> CRESTVIEW LIGHTING AND POWER SUPPLY, INC.					
<b>Principal Place of Business</b> 804 NORTH LLOYD ST CRESTVIEW, FL 32536 US			<b>Mailing Address</b> 804 NORTH LLOYD ST CRESTVIEW, FL 32536 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 712 E Hollywood Blvd Suite, Apt. #, etc.		<b>3. Mailing Address</b> 712 E Hollywood Blvd Suite, Apt. #, etc.			
<b>City &amp; State</b> Mary Esther, FL Zip 32569 Country Okaloosa		<b>City &amp; State</b> Mary Esther, FL Zip 32569 Country Okaloosa		<b>4. FEI Number</b> 20-4919354	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> MIRON, FREDERICK 804 NORTH LLOYD ST CRESTVIEW, FL 32536					
<b>7. Name and Address of New Registered Agent</b> Name: Biehl, Mark Street Address (P.O. Box Number is Not Acceptable): 712 E Hollywood Blvd City: Mary Esther, FL Zip Code: 32569					
<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: <i>Mark J. Biehl</i> DATE: 2/11/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: P D NAME: MIRON, FREDERICK STREET ADDRESS: 804 NORTH LLOYD ST CITY-ST-ZIP: CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete		TITLE: President NAME: Biehl, Mark STREET ADDRESS: 712 E Hollywood Blvd CITY-ST-ZIP: Mary Esther, FL 32569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP D NAME: BIEHL, MARK STREET ADDRESS: 712 E HOLLYWOOD BLVD CITY-ST-ZIP: MARY ESTHER, FL 32569	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input 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	
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	
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	
<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>					
<b>SIGNATURE:</b> <i>Mark J. Biehl</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 2/11/08 DAYTIME PHONE: 850-398-5129		