

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P06000133144**

1. Entity Name  
**M J M QUALITY LIGHTING SERVICES, INC.**



Principal Place of Business  
**1992 BLUEBONNET WAY  
ORANGE PARK, FL 32003 US**

Mailing Address  
**1992 BLUEBONNET WAY  
ORANGE PARK, FL 32003 US**



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5852930**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WELLS, MARIANNE  
1992 BLUEBONNET WAY  
ORANGE PARK, FL 32003**

**DO NOT WRITE  
IN THIS SPACE**

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 renewing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WELLS, MARIANNE
STREET ADDRESS	1992 BLUEBONNET WAY
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	VP
NAME	WELLS, MICHAEL
STREET ADDRESS	1992 BLUEBONNET WAY
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	DIR
NAME	WELLS, JASON
STREET ADDRESS	1992 BLUEBONNET WAY
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000844900  
03/13/08-80017-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Marianne Wells, Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-08 (904) 213-8499  
Date Daytime Phone #

marianne wells, Pres.