

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048158

FILED  
Jan 17, 2008  
Secretary of State

Entity Name: LIGHTNING STRIKES PRO SHOP, INC.

**Current Principal Place of Business:**

400 N PRIMROSE DR  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

400 N PRIMROSE DR  
ORLANDO, FL 32803

**New Mailing Address:**

FEI Number: 20-8888357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REMP, DAVID  
16465 CORNER LAKE DR  
ORLANDO, FL 32820 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: P ( ) Delete  
Name: REMP, DAVID  
Address: 16465 CORNER LAKE DR  
City-St-Zip: ORLANDO, FL 32820

Title: VP ( ) Delete  
Name: BATES, TIMOTHY  
Address: 7726 WHITE ASH ST  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: TIMOTHY BATES

VP

01/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date