

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90177 022 \*\*\*150.00

**DOCUMENT # P92000002295**

1. Entity Name

CATES LIGHTING CENTER, INC.



Principal Place of Business  
1750 RIDGEWOOD AVENUE  
HOLLY HILL, FL 32117

Mailing Address  
1750 RIDGEWOOD AVENUE  
HOLLY HILL, FL 32117

**DO NOT WRITE IN THIS SPACE**



02132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3147758

Applied For  
Not Applicable

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

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

CATES, MARY E  
1750 RIDGEWOOD AVENUE  
HOLLYHILL, FL 32117

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME CATES, ROBERT J  
STREET ADDRESS ~~35 SHADOW CREEK WAY~~ 1750 RIDGEWOOD AVE  
CITY-ST-ZIP ~~ORMOND BEACH, FL 32174~~ Daytona Beach, FL 32117

TITLE STD  
NAME CATES, MARY E  
STREET ADDRESS ~~35 SHADOW CREEK WAY~~ 1750 Ridgewood Avenue  
CITY-ST-ZIP ~~ORMOND BEACH, FL 32174~~ Daytona Beach, FL 32117

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: *Mary E. Cates* (Mary E. Cates)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-06  
Date

386 6774757  
Daytime Phone #