## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # P92000011639

US

1. Entity Name

LIGHTNING PROTECTION SPECIALTIES, INC.



FILED Mar 05, 2007 08:00 A Secretary of State

Principal Place of Business

1875 GORDON DR NAPLES, FL 34102 Mailing Address

1875 GORDON DR

NAPLES, FL 34102

US



02072007

No Chg-P

CR2E034 (11/05)

4. FEI Number 36-3868499 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEFFES, MARY E 1875 GORDON DR NAPLES, FL 34102 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 algorature required when reinstating) DATE U00000657034 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00-03/14/07-80048-020 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10.

TITLE NAME STEFFES, MARY E STREET ADDRESS 1875 GORDON DR CITY-ST-ZIP NAPLES, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE

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:

IGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V 7-88-07 (239-26)-528,-Date Dayting Proce #