


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000071832 1. Entity Name FLORIDA LIGHTING SERVICES, INC.	
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Principal Place of Business 1617 COOLING AVENUE MELBOURNE, FL 32935 US	Mailing Address 1617 COOLING AVENUE MELBOURNE, FL 32935 US
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DO NOT WRITE IN THIS SPACE



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3203779	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOFFMAN, MICHAEL 1617 COOLING AVENUE MELBOURNE, FL 32935

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOFFMAN, MICHAEL J 2670 CROOKED ANTLER MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOFFMAN, BRENNAM 2670 CROOKED ANTLER MELBOURNE, FL 32934
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<p>1100000453836 03/14/06-80037-016 150.00</p> DO NOT WRITE IN THIS SPACE
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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: M J Hoffmann 2-21-06 321-259-7882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #