


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90060 042 ***150.00

DOCUMENT # P94000007719	
1. Entity Name DOUGLAS E. LIGHTCAP & ASSOCIATES, INC.	

Principal Place of Business 502 SE 1ST AVE BOYNTON BEACH, FL 33435	Mailing Address 502 SE 1ST AVE BOYNTON BEACH, FL 33435
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2. Principal Place of Business 502 SE 6 AVENUE	3. Mailing Address 502 SE 6 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Boynton Beach FL	City & State Boynton Beach FL
Zip 33435	Zip 33435
Country USA	Country USA

03262004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0459582	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LIGHTCAP, DOUGLAS E 502 SE 1ST AVE BOYNTON BEACH, FL 33435	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 Douglas E. Lightcap	DOUGLAS E. LIGHTCAP (PRES) 3-26-04
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reconstituting) DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIGHTCAP, DOUGLAS E 502 SE 1ST AVE BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Douglas E. Lightcap	DOUGLAS E. LIGHTCAP 3-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	