


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90025 022 ***150.00

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

Principal Place of Business 507 SE 6 AVE BOYNTON BEACH, FL 33435	Mailing Address 507 SE 6 AVE BOYNTON BEACH, FL 33435
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60024326

2. Principal Place of Business - No P.O. Box # 1855 NW 10 St.	3. Mailing Address 1855 NW 10 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State DeLray Beach FL	City & State DeLray Beach FL
Zip 33445	Zip 33445
Country USA	Country USA

04102008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0459582	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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 507 SE 6 AVENUE BOYNTON BEACH, FL 33435	
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7. Name and Address of New Registered Agent Name Lightcap, Douglas E. Street Address (P.O. Box Number is Not Acceptable) 1855 NW 10 Street City DeLray Beach FL Zip Code 33445	
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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 Douglas E. Lightcap (NOTE: Registered Agent signature required when reinstating) DATE 4-11-08	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 507 SE 6 AVENUE BOYNTON BEACH, FL 33435 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1855 NW 10 St DeLray Beach FL 33445 <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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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

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: Douglas E. Lightcap (NOTE: Registered Agent signature required when reinstating) DATE 4-11-08 Daytime Phone # 561-733-1102	
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