

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90424 047 ***150.00

DOCUMENT # P94000080621

1. Entity Name
HDS LIGHTING, INC.



Principal Place of Business
750 GREENBRIAR AVENUE
DAVIE, FL 33325

Mailing Address
750 GREENBRIAR AVENUE
DAVIE, FL 33325

DO NOT WRITE IN THIS SPACE

40070500



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0531663

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HORWITZ, WAYNE C.P.A.
800 CORPORATE DRIVE
SUITE 310
FORT LAUDERDALE, FL 33334

**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	PS
NAME	SCOTT, HUBERT
STREET ADDRESS	750 GREENBRIAR AVE
CITY - ST - ZIP	DAVIE, FL 33325
TITLE	VT
NAME	SCOTT, LUCILLE
STREET ADDRESS	750 GREENBRIAR AVE
CITY - ST - ZIP	DAVIE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #