

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90029 035 \*\*\*150.00

**DOCUMENT # P94000083369**

1. Entity Name  
**THE LIGHTING OUTLET, INC.**



Principal Place of Business  
**13121 WEST SUNRISE BOULEVARD  
SUNRISE, FL 33323**

Mailing Address  
**13121 WEST SUNRISE BOULEVARD  
SUNRISE, FL 33323**

**00414407**



03182004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0535499**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GENET, SANDY  
99 NE 1ST ST.  
N. MIAMI, FL 33162**

**DO NOT WRITE  
IN THIS SPACE**

**ARTHUR SPOLTER**

**2908 Flamingo Drive  
MB IL 33140**

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

**4/10/04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PS  
SPOLTER, ARTHUR  
13121 WEST SUNRISE BLVD.  
SUNRISE, FL 33323**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ARTHUR SPOLTER**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2908 Flamingo Dr**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Miami Beach**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**IL 33140**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby indicated on this report or supplemental report is true and accurate and 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:

**ARTHUR SPOLTER**

**4/10/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #