2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State
04-04-2006 90053 001 ***150.00
04-04-2006 90053 002 *****8.75

DOCUMENT # P94000083369

1. Entity Name
THE LIGHTING OUTLET, INC.

Principal Place of Business	Mailing Address
13121 WEST SUNRISE BOULEVARD SUNRISE, FL 33323	13121 WEST SUNRISE BOULEVARD SUNRISE, FL 33323

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03222006 Chg-P CR2E034 (11/05)

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

SPOLTER, ARTHUR
2908 FLAMINGO DR.
MIAMI BEACH, FL 33140

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 [signature] 3/27/06
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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SPOLTER, ARTHUR 2908 FLAMINGO DR. MIAMI BEACH, FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 3/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 66008468

$150.00

1-850-245-6056

www.sunbiz.org

Division of Corporations

Annual Report

Annual Report Help

Document Number
P94000083369
Business Entity Name
THE LIGHTING OUTLET, INC.

FEI Number	650535499
FEI Number Status	(•) Listed Above ( ) Applied For ( ) Not Applicable
Certificate of Status Desired	( ) Yes (•) No $8.75 each
Election Campaign Financing Trust Fund Contribution	( ) Yes (•) No

Principal Place of Business

Address	13121 WEST SUNRISE BOULEVARD
Suite, Apt. #, etc.	
City, State	SUNRISE , FL
Zip Code & Country	33323

Mailing Address

Address	13121 WEST SUNRISE BOULEVARD
Suite, Apt. #, etc.	
City, State	SUNRISE , FL
Zip Code & Country	33323

Name and Address of Registered Agent

Name (Last, First, Middle, Title) SPOLTER , ARTHUR

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 2908 FLAMINGO DR.

Suite, Apt. #, etc.

City, State MIAMI BEACH , FL

Zip Code & Country 33140 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

ATTACHMENT

66008468

Registered Agent Signature

#P94000083369

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title: PS

Name (Last, First, Middle, Title): SPOLTER , ARTHUR

- OR -

Entity Name to serve as Officer/Director:

Street Address: 2908 FLAMINGO DR.

City, State: MIAMI BEACH , FL

Zip Code & Country: 33140

Title:

Name (Last, First, Middle, Title):

- OR -

Entity Name to serve as Officer/Director:

Street Address:

City, State:

Zip Code & Country:

Title:

Name (Last, First, Middle, Title):

- OR -

Entity Name to serve as Officer/Director:

Street Address:

City, State:

Zip Code & Country:

Title:

Name (Last, First, Middle, Title):

- OR -

Entity Name to serve as Officer/Director:

66008468

#P94000083369

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset

Start Over

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

U.S. Postage
PAID
State of Florida
84321

ATTACHMENT

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ANNUAL REPORT NOTICE

0854691 01 AV 0.178 **AUTO T3 3 12DT 33323-090521

THE LIGHTING OUTLET, INC.
13121 WEST SUNRISE BOULEVARD
SUNRISE FL 33323-0905

*** DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING ***

OPTION 3 - ***Receive a form by mail*** - *Allow up to 28 days total processing time.*

- *Detach this postcard.*
- *Enter address to mail report to, if different from preprinted address.*
- *Affix postage on reverse side and mail.*

Document # P94000083369

THE LIGHTING OUTLET, INC.
13121 WEST SUNRISE BOULEVARD
SUNRISE FL 33323-0905

CR2E095 - 1st 10/05

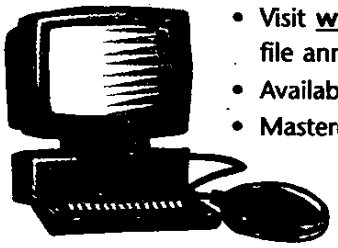
TO OPEN: FOLD AND TEAR ALONG PERFORATION, THEN PULL APART

If late, a $400 penalty fee may apply!

This postcard is your official notice. ATTACHMENT

Visit our website at **www.sunbiz.org** for fee information. 660084468

OPTION 1 – ***File Online*** – ***Processed within 24-48 hours!*** #P14000083369



- Visit **www.sunbiz.org** and click icon to file annual report online.
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- Submit form with check or money order.

Visit your local public library for free Internet access and assistance.

PLACE PROPER POSTAGE HERE BEFORE MAILING

TO:

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314