्रा कुल्ला एकसम्बद्धाः द्वाकाण्यः । । भगवतः ६ ००० ००० **2004 FOR PROFIT CORPORATION**

Feb 06, 2004 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P95000047158 02-06-2004 90010 009 ***150.00 LIGHTNER ENTERPRISES, INC. Principal Place of Business Mailing Address 8710 CORTEZ RD., W. 5900 S. TAMIAMI TRAIL BRADENTON, FL 34210 SHITE I SAROSATA, FL 34231 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 CR2E034 (10/03) Chg-P 50,78 Applied For 4. FET Number -City & State-Sarasota 59-3319664 Not Applicable Country Zip Country \$8.75 Additional 14231 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ۷, CATHERINE, L. TRACY 5900 S. TAMIAMI TRAIL SUITE I SARASOTA, FL 34231 Zip 99/23/ 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. 15 中國財產工作 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Addition TITLE ☐ Delete TITLE ☐ Change LIGHTNER, JOHN T NAME NAME STREET ADDRESS 8710 CORTEZ RD., W. STREET ADDRESS BRADENTON, FL 34210 CITY-ST-ZIP CITY-ST-ZIP **VPS** VPS TITLE Qelete TITLE ☐ Change ☐ Addition NAME LIGHTER, LINDA L NAME Linda lahtner, STREET ADDRESS 8710 COCTEZ RD. W. STREET ADDRESS BRADENTON, FL 34210 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 34210 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dolete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED