

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000076448

1. Entity Name
BEST LIGHTING SUPPLY, INC.



Principal Place of Business
1387 NORTH KILLIAN DRIVE
LAKE PARK, FL 33403 US

Mailing Address
1387 NORTH KILLIAN DRIVE
STE 2
LAKE PARK, FL 33403 US



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0622875

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ODWYER, WILLIAM C
1387 N KILLIAN DR
STE 2
LK PK, FL 33403

**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, 2005 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
DP
O'DWYER, WILLIAM C
17258 121ST TERRACE NORTH
JUPITER, FL 33478

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DTS
KAYLOR, RONALD D
5 GRAEMOOR TERRAE
PALM BEACH GARDENS, FL 33418

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
ARNONE, RICHARD J
1387 NORTH KILLIAN DRIVE
WEST PALM BEACH, FL 33403

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000287668
04/04/05-80076-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Odwyer

3-31-05

Date

561-881-1550

Daytime Phone #