

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000082883

1. Entity Name
LIGHTHOUSE MANAGEMENT CO., INC.



Principal Place of Business
**136 SAN JUAN DR
ISLAMORADA, FL 33036**

Mailing Address
**P O BOX 581
ISLAMORADA, FL 33036 US**

FILED
Apr 03, 2007 08:00 AM
Secretary of State



04022007 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0619268

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KELLER, SCOTT
136 SAN JUAN DR
ISLAMORADA, FL 33036**

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KELLER, SCOTT
STREET ADDRESS	P.O. BOX 581
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	SD
NAME	KELLER, JAN G
STREET ADDRESS	P.O. BOX 581 T
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-07