

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90166 045 \*\*\*150.00

<b>DOCUMENT #</b> P95000084609	
<b>1. Entity Name</b>	
LIGHTHOUSE FINANCIAL GROUP, INC.	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 4300 WEST CYPRESS STREET		<b>3. Mailing Address</b> P.O. BOX 18512	
Suite, Apt. #, etc. SUITE 800		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33609-1850	Country USA	Zip 33679	Country USA

DO NOT WRITE IN THIS SPACE

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<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 65-0617940		<b>Applied For</b> <input type="checkbox"/> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		
	<b>7. Name and Address of Current Registered Agent</b>		
	Name ANDREW J. MAY		
	Street Address (P.O. Box Number is Not Acceptable) 4300 WEST CYPRESS STREET		
SUITE 800			
City TAMPA			FL Zip Code 33607

**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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

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

**Make Check Payable to Florida Department of State**

<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, T, D ANDREW J. MAY 4300 WEST CYPRESS ST SUITE 800 TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**



ANDREW J. MAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2005

Date

(813) 637-8305

Daytime Phone #