

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90331 005 \*\*\*150.00

**DOCUMENT # P95000092975**

1. Entity Name

LIGHT COMMUNICATIONS, INC.



Principal Place of Business

3106 TANGLEWOOD DRIVE  
SARASOTA FL 34239

Mailing Address

3106 TANGLEWOOD DRIVE  
SARASOTA FL 34239

2. Principal Place of Business

3. Mailing Address

P.O. Box 15043

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
SARASOTA FL

Zip

Country

Zip  
34277

Country

4. FEI Number

65-0629712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHULTE, MARCIA WRIGHT  
3106 TANGLEWOOD DR  
SARASOTA FL 34239

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, 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, 2004 Fee will be \$550.00**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPD ☐ Delete  
NAME SCHULTE, ALLAN A  
STREET ADDRESS 3106 TANGLEWOOD DRIVE  
CITY-ST-ZIP SARASOTA FL 34239

TITLE PTD ☐ Delete  
NAME SCHULTE, MARCIA WRIGHT  
STREET ADDRESS 3106 TANGLEWOOD DRIVE  
CITY-ST-ZIP SARASOTA FL 34239

TITLE DS ☐ Delete  
NAME SCHULTE, EVAN M  
STREET ADDRESS 3106 TANGLEWOOD DR  
CITY-ST-ZIP SARASOTA FL 34239

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Marcia Wright Schulte PTD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCIA WRIGHT SCHULTE

Date

Daytime Phone #

4-16-04 941-923-2800