

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000092975

1. Entity Name

LIGHT COMMUNICATIONS, INC.



Principal Place of Business

3106 TANGLEWOOD DRIVE
SARASOTA FL 34239

Mailing Address

PO BOX 15043
SARASOTA FL 34277

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

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

7. Name and Address of New Registered Agent

SCHULTE, MARCIA WRIGHT
3106 TANGLEWOOD DR
SARASOTA FL 34239

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, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
NAME U000000297402
STREET ADDRESS 04/11/05-80027-006 150.00
CITY- ST- ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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)(f), 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 Dir/Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 2005 941-923-2800
Date Daytime Phone #