


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000008664**

1. Entity Name  
**AURORA OUTDOOR LIGHTING, INC.**



Principal Place of Business      Mailing Address

**12245 GARDEN LAKE CIR.  
ODESSA, FL 33556 US**      **12245 GARDEN LAKE CIR.  
ODESSA, FL 33556 US**

**DO NOT WRITE IN THIS SPACE**



05032004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3356162**      Not Applicable

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

6. Name and Address of Current Registered Agent

**BERNARDO, THOMAS C  
6850 LARCHMONT AVENUE  
NEW PORT RICHEY, FL 34653**

**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: *Thomas C. Bernardo*      **THOMAS C. BERNARDO OWNER 7-2-04**      DATE

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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	PT BERNARDO, THOMAS C 6850 LARCHMONT AVENUE NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SV BERNARDO, SELINA 6850 LARCHMONT AVENUE NEW PORT RICHEY, FL 34653
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IN THIS SPACE**

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07/07/04-80035-015 550.00

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: *Thomas C. Bernardo*      **THOMAS C BERNARDO 7-2-04 727-867-8518**      DATE      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR