

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000008664

FILED
Mar 31, 2009
Secretary of State

Entity Name: AURORA OUTDOOR LIGHTING TAMPA, INC.

Current Principal Place of Business:

19329 US HIGHWAY 19 NORTH
SUITE 100
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

19329 US HIGHWAY 19 NORTH
SUITE 100
CLEARWATER, FL 33764 US

New Mailing Address:

FEI Number: 59-3356162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, NORMAN T
50 WEST MASHIA DRIVE, STE 4
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SALT, NEIL S
Address: 19329 US HWY 19 STE 100
City-St-Zip: CLEARWATER, FL 33764

Title: T () Delete
Name: PILKAY, JEFFREY A
Address: 15120 20TH ST. N.
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: PILKAY, JEFFREY
Address: 19329 US HWY 19 STE 100
City-St-Zip: CLEARWATER, FL 33764

Title: O () Delete
Name: COMISKEY, MARK
Address: 19329 US HWY 19 STE 100
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY RITTER

ADMI

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date