

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P96000011228**

1. Entity Name  
**ALL SOUTH LIGHTNING PROTECTION, INC.**



Principal Place of Business

**5427 N 59TH ST  
TAMPA, FL 33610 US**

Mailing Address

**P. O. BOX 21252  
TAMPA, FL 33622 US**



03212008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0637585**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**POIRIER, RONALD  
5427 N 59TH STREET  
TAMPA, FL 33610**

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000987371  
04/21/08-80017-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	CFO
NAME	KELLER, KENNETH
STREET ADDRESS	2005 COUNTRY CLUB COURT
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	P
NAME	POIRIER, RONALD R
STREET ADDRESS	3131 JOHNS PARKWAY
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	VP
NAME	REED, RONNIE R
STREET ADDRESS	18821 DORMAN ROAD
CITY-ST-ZIP	LITHIA, FL 33547
TITLE	T
NAME	BROCK, DUANE
STREET ADDRESS	4060 SWINDELL ROAD
CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-28-08**

Date

**813-630-2757**

Daytime Phone #