

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000011228

FILED
Feb 12, 2009
Secretary of State

Entity Name: ALL SOUTH LIGHTNING PROTECTION, INC.

Current Principal Place of Business:

5427 N 59TH ST
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 21252
TAMPA, FL 33622 US

New Mailing Address:

FEI Number: 65-0637585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POIRIER, RONALD
5427 N 59TH STREET
TAMPA, FL 33610 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: CFO () Delete
Name: KELLER, KENNETH
Address: 2005 COUNTRY CLUB COURT
City-St-Zip: PLANT CITY, FL 33567

Title: P () Delete
Name: POIRIER, RONALD R
Address: 3131 JOHNS PARKWAY
City-St-Zip: CLEARWATER, FL 33759

Title: VP () Delete
Name: REED, RONNIE R
Address: 18821 DORMAN ROAD
City-St-Zip: LITHIA, FL 33547

Title: T () Delete
Name: BROCK, DUANE
Address: 4060 SWINDELL ROAD
City-St-Zip: PLANT CITY, FL 33565

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: ANGELA JONES

CONT

02/12/2009

Electronic Signature of Signing Officer or Director

Date