

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000086246**

1. Entity Name  
**HARICON LIGHT BUILDING SYSTEM, INC.**



Principal Place of Business  
**427 10TH AVENUE WEST, SUITE 3  
PALMETTO, FL 34221**

Mailing Address  
**P.O. BOX 295  
PALMETTO, FL 34220**



04172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3453642</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**MCKINNEY, S. KEITH JR, ESQ  
605 75TH AVE  
ST. PETERSBURG BEACH, FL 33706**

**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**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ROSVALL, OLLE L
STREET ADDRESS	427 10TH AVENUE WEST, SUITE 3
CITY-ST-ZIP	PALMETTO, FL 34221

TITLE	AT
NAME	LIMBERG, STACEY H
STREET ADDRESS	4403 7TH STREET E., #8
CITY-ST-ZIP	ELLENTON, FL 34222

TITLE	D
NAME	STRAHLE, CHRISTER
STREET ADDRESS	SKADDAREGATAN 10
CITY-ST-ZIP	MALMO, SWEDEN,

TITLE	D
NAME	SVENSSON, TORBJORN
STREET ADDRESS	YSTADRAGAN 3
CITY-ST-ZIP	HORBY, SWEDEN,

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/08-80077-016 150.00

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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: Stacey H Limberg Stacey H Limberg 4/18/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #