

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000014838

1. Entity Name
LAMPLIGHTER MHP, INC.



Principal Place of Business
C/O CAL-AM PROPERTIES, INC.
385 CLINTON STREET
COSTA MESA, CA 92626 US

Mailing Address
C/O CAL-AM PROPERTIES, INC.
385 CLINTON STREET
COSTA MESA, CA 92626 US



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number
58-2289678

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

BOBO, ALLEN
ONE SARASOTA TOWER, SUITE 500
TWO NORTH TAMiami TRAIL
SARASOTA, FL 34236

**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

U00000943170
05/29/08-80046-025 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME KARNO, NORTON S
STREET ADDRESS 16255 VENTURA BLVD, STE. 1200
CITY-ST-ZIP ENCINO, CA 91436

TITLE D
NAME LEFFLER, MARTIN G
STREET ADDRESS 16030 VENTURA BLVD, SUITE 300
CITY-ST-ZIP ENCINO, CA 91436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norton S. Karno

4/23/08

(818) 981-3400

Date

Daytime Phone #