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## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 08, 2005 8:00 am Secretary of State

DOCUMENT # P97000019455  1. Entity Name H & H LIGHTING, INC.					02-0	8-2005 90012	038 ***150.00		
Principal Place of Business Mailing Address						ے خار			
•		975 MARTIN AVE.			50011813				
	SPRINGS, FL 32043	GREEN COVE SPRINGS,	GREEN COVE SPRINGS, FL 32043						
					# 1 <b>616</b> 11111111111	IAIN IESII EENI ERIK ASIN ASIN	F3191 170(8 (F3)) 97931 F3161 (	IIETTI II 111E	
2. Principal Place of Business 3. Mailing		3. Mailing Address	,						
			· · · · · · · · · · · · · · · · · · ·		(BB  BB    #		BATOL JIMIM JAKKI WINSE NITAL S	IHIBAI SI (BAI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102005	Chg-P	CR2E034 (10/03)			
City & State		City & State			4. FEI Numbe	· · · · · · · · · · · · · · · · · · ·	I IA	pplied For	
·					59-3437	962	<del> </del>	ot Applicable	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired-	\$8.75 Ad	ditional	
<del></del>	6. Name and Address of Current	Registered Agent	L	- · · · ·	7 Name and	Address of New Re	Fee Requin	<del>3</del> 0	
	o. Name and Address of Current	riogratorou Agorit	Name				Bieteleo Agent		
GREEN, SCOTT A									
112 QUEE		a Street	Street Address (P.O. Box Number is Not Acceptable)						
PONIEVE	EDRA BEACH, FL 32082				,		•		
			City				Zip Coo	ie .	
			<u> </u>	een	Core S	prings	FL 320		
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 the obligations of registered agent.							. and accept		
2					- 41-13		1/10/05	· · · · · ·	
SIGNATURE  Signature, typed or printed name of registeled agentyland title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FIL After Ma	E NOW!!! PEE IS \$150.00 ay 1, 2005 Fee Will be \$550.0	9. Election Campai Trust Fund Cont		<b>\$5.</b> I Add	00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS .	11.		ADDITIONS/C	HANGES TO OFFIC	CERS AND DIRECTOR	IS IN 11 .	
πιε	PSD	Delete	TITLE						
NAME	GREEN, SCOTT A.		NAME	Lore	$en, \supset c$	DT A.	, ^		
STREET ADDRESS	153 BEAR PEN		1	STREET ADDRESS 975 Ma		Scott A. Change Addition this Avenue ove Springs, FC 32043			
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 320			C-1/ 1	CCTI COV	E SPITM			
TITLE NAME	-	☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS	* <del></del>	<del></del>	- STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE		·		☐ Change	☐ Addition	
NAME STREET ADDRESS	,		NAME STREET ADDRESS						
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	<del>                                     </del>			Change	Addition	
NAME	·		NAME						
STREET ADDRESS			STREET ADDRESS	1					
CITY-ST-ZIP			CITY-ST-ZIP					<del></del>	
TITLE NAME	)	☐ Deleta	title Name				☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	1					
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP						
CITY-ST-ZIP	and the that the information in a slice of with	this filing does not avail for		tod in C-	otion 110 07/21/0	Elorido Statutos 15	further cortification at a	information	
indicated	certify that the information supplied with on this report or supplemental report is rogation or the receiver or trustee emor	true and accurate and that it	ny signature shall	nave the s	ame legal effect	as if made under or	ath; that I am an office	r or director	

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 office or director of the corporation or the eceiver 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05

904-284-1220

Daytime Phone #