

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2008 08:00 AM
Secretary of State**

DOCUMENT # P97000029757

1. Entity Name
**LIGHTING TECHS OF CENTRAL FLORIDA
INCORPORATED**



Principal Place of Business

**935 HUGO CIRCLE
DELTONA, FL 32738**

Mailing Address

**935 HUGO CIRCLE
DELTONA, FL 32738**



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3437976

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

**MCCLEARY, FREDDIE V
935 HUGO CIRCLE
DELTONA, FL 32738**

**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**

**U00000918966
05/13/08-80103-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCLEARY, FREDDIE V
STREET ADDRESS	935 HUGO CIRCLE
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	CFO
NAME	MCCLEARY, BELINDA C
STREET ADDRESS	935 HUGO CIRCLE
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Belinda C. McCleary *Belinda C. McCleary* 4/21/08 386-820-5463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #