

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 17, 2007 8:00 am**  
**Secretary of State**

08-17-2007 90031 008 \*\*\*550.00

DOCUMENT # P97000036279

1. Entity Name

TOMMY LIGHT ENTERPRISES, INC.



Principal Place of Business

505 SUNBELT ROAD SUITE2  
LADY LAKE FL 32159

Mailing Address

P.O. BOX 582  
INVERNESS FL 34451



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1114 S. OTTO PT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Inverness FL

Zip

Country

Zip

Country

34450 Citrus

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0758872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIGHT, TOMMY L  
1475 TORO DRIVE  
INVERNESS FL 34453

1114 S. OTTO PT  
Inverness FL  
34450

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Tommy L Light

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-07

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
LIGHT, TOMMY L  
1475 TORO DRIVE  
INVERNESS FL 34453 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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1475 TERO DR  
INVERNESS FL 34453 ☐ Delete

TITLE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-07 352-7267881

Date

Daytime Phone #