


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000066351**  
 1. Entity Name  
**LIGHT'S RIGHT OUTDOORS, INC.**



Principal Place of Business      Mailing Address  
**P O BOX 21622**                      **P O BOX 21622**  
**FORT LAUDERDALE, FL 33335-1622 US**      **FORT LAUDERDALE, FL 33335-1622 US**

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01102006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0783010**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**COLLETTE, KENNETH F**  
**LIGHT'S RIGHT OUTDOORS INC**  
**1110 SW 14 TERR**  
**FORT LAUDERDALE, FL 33312**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

000000490058  
 04/18/06-80040-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLETTE, KENNETH 1110 SW 14 TERR FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD COLLETTE, KARLA 1110 SW 14 TERR FORT LAUDERDALE, FL 33312
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **Kenneth F. Collette**      Date **3/30/06**      Daytime Phone # **954-463-0512**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR