FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90254 007 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000066720

1. Entity Name
FROST LIGHTING CO. OF FLORIDA, INC.

40097270

Principal Place of Business	Mailing Address
PO BOX 146576 CHICAGO, IL 60614	PO BOX 146576 CHICAGO, IL 60614

03122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0772696
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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 _____ 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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VPTD
NAME	BRIAN H LEAHY
STREET ADDRESS	355 S END AVE
CITY-ST-ZIP	NEW YORK, NY 10280
TITLE	PSD
NAME	DAVID KELLY
STREET ADDRESS	2240 N RACINE
CITY-ST-ZIP	CHICAGO, IL 60614
TITLE	VD
NAME	STEVEN O'CONNOR
STREET ADDRESS	9435 LAKE SIRENA DR
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	VD
NAME	PETER MARKOWITZ
STREET ADDRESS	BOX 83 BELLOWS RD
CITY-ST-ZIP	FLEISCHMANNS, NY 12430
TITLE	CD
NAME	FRED S DEAR
STREET ADDRESS	405 NORTHFIELD AVE
CITY-ST-ZIP	WEST ORANGE, NJ 07052
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: David Kelly DAVID KELLY 3.13.08 312-692-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #