2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P97000074221 02-07-2007 90036 015 ***150.00 1. Entity Name CONNER LIGHTING & FAN CO., INC. Mailing Address Principal Place of Business 775 W INDIAN TOWN RD 775 W INDIAN TOWN RD JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232007 CR2E034 (12/06) Cha-P 4. FEI Number Applied For City & State City & State 65-0780377 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ERICKSON, DEBRA A PA Street Address (P.O. Box Number is Not Acceptable) 8819 N VIRGINIA AVE JUPITER, FL 33477 Rd W. Indianto. Zip Code 31457 8. The above named entity submits this statement of 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 register SIGNATURE. DATE (NOTE: Registered Agent signature 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. PD TITLE TITLE ☐ Delete ☐ Change Addition CONNER, PAMELA NAME NAME STREET ADDRESS 18110 APRIL LANE STREET ADDRESS JUPITER, FL 33458 CITY-ST-7/P CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 07, 2007 8:00 am