2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P97000074221 01-14-2008 90106 045 ***150.00 CONNER LIGHTING & FAN CO., INC. Principal Place of Business Mailing Address **10007200** 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. 01092008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0780377 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONNER, PAMELA 775 W INDIAN TOWN RD Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33458 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 registeres (NOTE: Registered Agent signature required when reinstating) ered agent and title # applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TITLE Change ■ Addition CONVER, PAMELA NAME CONNER, PAMELA NAME 17270 ROCKY Pives Rd STREET ADDRESS 18110 APRIL LANE STREET ADDRESS CITY-ST-70P JUPITER, FL 33458 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 adgress, with all other like empowered. SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 14, 2008 8:00 am