

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000096402

1. Entity Name

SITE LIGHTING DESIGNS, INC.



FILED
Feb 11, 2008 08:00 AM
Secretary of State



Principal Place of Business
264 GREENBRIAR DRIVE
PALM SPRINGS FL 33461

Mailing Address
264 GREENBRIAR DRIVE
PALM SPRINGS FL 33461

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number
65-0793487

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

JEFFCOAT, RANDAL
264 GREENBRIAR DRIVE
PALM SPRINGS FL 33461

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

Signature, typed or printed name of individual agent and the filer (applicable)

(If OFF Registered Agent signature required when submitting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	D	<input type="checkbox"/> Delete
NAME	JEFFCOAT, RANDAL R	
STREET ADDRESS	264 GREENBRIAR DRIVE	
CITY- ST- ZIP	PALM SPRINGS FL 33461	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEFFCOAT, KATHLEEN L	
STREET ADDRESS	264 GREENBRIAR DRIVE	
CITY- ST- ZIP	PALM SPRINGS FL 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000824217	
CITY- ST- ZIP	02/20/08-80068-021 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 like empowered.

SIGNATURE: *Randal R. Jeffcoat* Randal R. Jeffcoat 02/07/08 561642-9227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR