


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000008407	
1. Entity Name AEROSPACE LIGHTING INSTITUTE, INC.	

Principal Place of Business 2783 CAMDEN ROAD CLEARWATER, FL 33759	Mailing Address 2783 CAMDEN ROAD CLEARWATER, FL 33759
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**DO NOT WRITE IN THIS SPACE**

02182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3492332	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GODFREY, GEORGE  
2783 CAMDEN ROAD  
CLEARWATER, FL 33759

**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)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GODFREY, GEORGE W 2783 CAMDEN RD CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GODFREY, JEANETTE A 2783 CAMDEN RD CLEARWATER, FL 33759
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02/24/05-80051-015 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: GEO. W. GODFREY Date: 2/20/05 Daytime Phone #: 727-791-0790  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEO. W. GODFREY