

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000069704

1. Entity Name  
LIGHTHOUSE INVESTMENT ENTERPRISES, INC.



Principal Place of Business  
106 SATSUMA DRIVE  
SANFORD, FL 32771-3649

Mailing Address  
106 SATSUMA DRIVE  
SANFORD, FL 32771-3649

**FILED  
May 02, 2007 08:00 AM  
Secretary of State**



04292007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3527400	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

NEVILLE, ROBERT  
106 SATSUMA DR  
SANFORD, FL 32771

**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

(Signature, typed or printed name of registered agent, and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

U00000753936  
05/22/07-80038-015 150.00

10.

**OFFICERS AND DIRECTORS**

TITLE PD  
NAME NEVILLE, ROBERT V  
STREET ADDRESS 106 SATSUMA DRIVE  
CITY-ST-ZIP SANFORD, FL 327713649

TITLE STD  
NAME NEVILLE, SANDRA G  
STREET ADDRESS 106 SATSUMA DRIVE  
CITY-ST-ZIP SANFORD, FL 327713649

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 407-322-7876

Date

Daytime Phone #