2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attach

SIGNATURE:

## Mar 03, 2005 08:00 AM DOCUMENT # P98000070665 Secretary of State 1. Entity Name LIGHT BULB CENTER, INC. Principal Place of Business Mailing Address 29 S FEDERAL HWY DEERFIELD BEACH FL 33441 29 S FEDERAL HWY DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0857176 Not Applicable Zip Country 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 Name VANDEN BERG, DONALD L Street Address (P.O. Box Number is Not Acceptable) 29 S FEDERAL HWY DEERFIELD BEACH FL 33441 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 registered agent and title if epoticable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete ☐ Change Addition TITLE UUF VANDEN BERG, DONALD L NAME NAME 000000250358 03/04/05-30007-021 150:00 STREET ADDRESS 5767 SEASHELL TERRACE STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-ZIP CHY-SI-78 **VPS** Addition ☐ Delete Change TITLE VANDEN BERG, JUDY L NAME MARKE 5767 SEASHELL TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BOYNTON BEACH FL 33437** CITY-ST-ZIP ☐ Delete ☐ Addition 10116 Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Change □ Addition TITLE Delete THILE MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLIY-ST-ZIP TITLE Delete Change Addition MILE NAME NAME STREET ADDRESS STREET ADDRESS CLIY-SI-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

RECTOR

FILED