

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000079293

1. Entity Name
LIGHTNING TECHNOLOGY GROUP, INC.



Principal Place of Business
**4025 TAMPA ROAD STE 1206
OLDSMAR, FL 34677-3214**

Mailing Address
**4025 TAMPA ROAD STE 1206
OLDSMAR, FL 34677-3214**



03302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3532272

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUBLEY & BUBLEY, P.A.
3820 NORTHDAL BOULEVARD
SUITE 312B
TAMPA, FL 33624**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FRANK, DAVID
305 CYPRESS CREEK CIRCLE
OLDSMAR, FL 34677**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SMITH, STEVEN
13063 ZARBIS DRIVE
SPRING HILL, FL 34609**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FRANK, PETER L III
657 CHADBOURNE AVE NW
CONCORD, NC 28027**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000101001
04/02/04-80028-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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

3-31-04 **813-814-2888**
Date Daytime Phone #