


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 10, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000088189  
1. Entity Name  
LIGHTNING NETWORKS, INC.



Principal Place of Business      Mailing Address  
P O BOX 1059                              P O BOX 1059  
CROSS CITY, FL 32628                      CROSS CITY, FL 32628

**DO NOT WRITE IN THIS SPACE**



08042004    No Chg-P    CR2E034 (10/03)

4. Fee Number      Applied For  
59-3526392              Not Applicable

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

6. Name and Address of Current Registered Agent  
  
LANGFORD, CARLDON S  
STATE ROAD 349  
OLD TOWN, FL 32628

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	THORNTON, THOMAS H
STREET ADDRESS	P O BOX 1557 N/A
CITY-ST-ZIP	CROSS CITY, FL 32628
TITLE	D
NAME	SNYDER, ERIC N
STREET ADDRESS	P O BOX 1197 N/A
CITY-ST-ZIP	CROSS CITY, FL 32680
TITLE	D
NAME	LANGFORD, CARLDON S
STREET ADDRESS	P O BOX 1059
CITY-ST-ZIP	CROSS CITY, FL 32628
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/10/04-80001-008 150.00

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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: Carlton S. Langford      Carlton S. Langford      8/2/04      (352) 542-2643  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Office Phone #