


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P98000088189</b><br>1. Entity Name<br><b>LIGHTNING NETWORKS, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>P O BOX 1059<br/>CROSS CITY, FL 32628</b> | Mailing Address<br><b>P O BOX 1059<br/>CROSS CITY, FL 32628</b> |
|---|---|



03202005 No Chg-P CR2E034 (10/03)

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|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-3526392</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

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

**LANGFORD, CARLDON S  
STATE ROAD 349  
OLD TOWN, FL 32628**

**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 resigning)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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10/22/05-80007-016 150.00

**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)(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: *Carlton S. Langford*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

3/18/05

Date

352 418-6470

Daytime Phone #