

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # P98000088189

1. Entity Name
LIGHTNING NETWORKS, INC.



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

Mailing Address
P O BOX 1059
CROSS CITY, FL 32628



03162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3526392

Applied For
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

**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 registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000862468
04/03/08-80050-020-150.00

**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: *Carlton S. Langford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/08

Date

352 498-6470

Daytime Phone #