

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90149 016 ***158.75

DOCUMENT # P98000089598

1. Entity Name

LIGHT SPEED COMMUNICATIONS, INC.
FLORIDA DEPARTMENT OF STATE



Principal Place of Business
One Hundred Fifty-Eight and 75/100
1023 WOODLORE CIRCLE
GULF BREEZE FL 32563
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2. Principal Place of Business
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
59-3538391

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA DEPARTMENT OF STATE
BIGHAM, MARGARET
1023 WOODLORE CIRCLE
GULF BREEZE FL 32561

2006 CORP. ANNUAL REPORT

Name
4/13/2006

City, State, and Zip (P. Box Number is Not Acceptable)

158.75

City

FL

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PV ☐ Delete
NAME FOWLER, RONALD
STREET ADDRESS 11786 GA HWY 85
CITY-ST-ZIP WAVERLY HALL GA 31831-2754

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

CHECKING
TITLE ☐ Delete
NAME BIGHAM, MARGARET
STREET ADDRESS PO BOX 903
CITY-ST-ZIP GULF BREEZE FL 32562

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

FLORIDA DEPARTMENT OF STATE
TITLE ☐ Delete
NAME SMOCK, CHRIS H
STREET ADDRESS 121 BERRY RD
CITY-ST-ZIP GREENVILLE SC 29607

4/13/2006
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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

4/13/06

850-932-8095

Date

Daytime Phone #