


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000106979 1. Entity Name ARNETT ELECTRIC & LIGHTING, INC.	
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Principal Place of Business 611 SCHOOLHOUSE ROAD LAKELAND, FL 33813	Mailing Address 611 SCHOOLHOUSE ROAD LAKELAND, FL 33813
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02192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3554045	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANGSTON, SCOTT H
 117 SOUTH FLORIDA AVENUE
 LAKELAND, FL 33801

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARNETT, MICHAEL H 611 SCHOOLHOUSE ROAD LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WATERS, ALLEN E 611 SCHOOLHOUSE ROAD LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FULLWOOD, ROBERT 611 SCHOOLHOUSE ROAD LAKELAND, FL 33813
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/06/07-20011-006 150.00

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: Robert Fullwood ROBERT Fullwood -VP 2-19-07 863/644-9702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #