FILED
Jan 27, 2004 8:00 am
Secretary of State
01-27-2004 90005 019 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000016220

1. Entity Name
S-LITE, INC.

44004782

Principal Place of Business	Mailing Address
~~676 THRUSH CT~~ ~~MARCO ISLAND, FL 34145~~	~~676 THRUSH CT~~ ~~MARCO ISLAND, FL 34145~~

01192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
25080 Goldcrest Dr.	P.O. Box 367989
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bonita Springs, FL	City & State: Bonita Springs, FL
Zip: 34134 Country: USA	Zip: 34136 Country: USA

4. FEI Number: 59-3561449 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~HAYNES, DEREK~~
~~676 THRUSH CT~~
~~MARCO ISLAND, FL 34145~~

7. Name and Address of New Registered Agent

Name: HAYNES, DEREK
Street Address (P.O. Box Number is Not Acceptable): 25080 GOLDCREST DR
City: BONITA SPRINGS FL Zip Code: 34134

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYNES, DEREK 676 THRUSH CT MARCO ISLAND, FL 34145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD HAYNES, DEREK P.O. BOX 367989 BONITA SPRINGS, FL 34136	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PVST~~ ~~HAYNES, DEREK~~ ~~676 THRUSH CT~~ ~~MARCO ISLAND, FL 34145~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 21 JAN 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DEREK HAYNES, PRES.