## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachn

SIGNATURE:

## Apr 20, 2005 8:00 am Secretary of State DOCUMENT # P99000088304 04-20-2005 90301 042 \*\*\*158.75 1. Entity Name GUARDIAN LIGHTING, INC. Principal Place of Business Mailing Address 321 E. HILLSBORO BLVD. 321 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1034604 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 沤, Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STOTZER, TED 321 E HILLSBORO BLVD. Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BEACH, FL 33441 City Zip Code FI 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **X**Addition TITLE ☐ Delete TITLE Change VP STREET BRIAN NAME NAME HENNESSEY, TIMOTHY 321 E. HILLSBÖRO BLVD. STREET ADDRESS STREET ADDRESS 321 E. HILLSBORO BLVD DEERFIELD BEACH, FL 33441 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH, FL 33441 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME COHEN, JAMES NAME STREET ADDRESS 321 E HILLSBÓRO BLVD. STREET ADDRESS DEERFIELD BEACH, FL 33441 CITY-ST-ZIP CITY-ST-ZIP ₩ Defete TITLE TITLE ☐ Change ☐ Addition SCHOCKET, JEFFREY NAME NAME 321 E HILLSBORO BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITI F ☐ Change TITLE Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information to and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director vered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with indicated on this report or supple of the corporation or the receive

th all other like empowered

TED NAME OF SIGNING OFFICER OR DIRECTOR

APR 1 8 2005

**FILED**