## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					FILED			
DOCUMENT # F45782  1. Entity Name					Feb 02, 2004 Secretary			
A-1 LIGHTNING PROTECTION SERVICES, INC.					Secretary	or State		
Principal Place of Business		Mailing Address				. ,		
10240 SW 134TH COURT DUNNELLON FL 34432 US		10240 SW 134TH COURT DUNNELLON FL 34432 US		` '	(231/12   111   3151)   111   121   111   111   111   111   111   111   111   111   111   111   111   111	11 www.cs.com		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt #, etc.		Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	MOORE CR2E034 (11/03)			
City & State		City & State		4	59-2128630	<b>→</b>	plied For t Applicable	
Zıp	Country	Zıp	Country	5	5. Certificate of Status Desired	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent					. Name and Address of New Registered			
LEWIS, JEFFREY D			Nam	e 			- +	
10240 SW 134TH COURT DUNNELLON FL 34432			Stree	Street Address (P.O. Box Number is Not Acceptable)				
			City			Zip Code	<del></del>	
The above named entity submits this statement torphe purpose of changing its reg				or registered	agent or holb in the State of Florida Lar	line		
the obligat	ions of registered agent.	y no parpose or unarging in	o regional da dino	o, regionered	agong or bolit, in the bate of Florida. Fa	II (GIIRIIGE WIEI),	and accept	
SIGNATURE .	Signature, typed Marinted name of registered ager	t and title d applicable (APC)	TE. Registered Agent s	and a secured who	en reinstating) DATE		<del> </del>	
F	ILE NOW!!! FEE IS \$150.00	(40		gradio required wite	SATE		- · · · - · -	
After May 1, 2004. Fee will be \$550.00  Make Check Payable to Florida Department of State					Election Campaign Financing     Trust Fund Contribution.	\$5.0 Added	O May Be to Fees	
10.	OFFICERS AND	DIRECTORS _	11.		ADDITIONS/CHANGES TO OFFICERS AN	VD DIRECTORS	SIN 11	
TITLE NAME	PD LEWIS, LINDA J.	☐ Delete	TITLE		☐ Change ☐ Addition			
STREET ADDRESS	10240 SW 134 COURT		NAME STREET ADDRE	ss	00000026484 02/03/04-80009-0	125 150.0	0 .	
CITY-ST-ZIP	DUNNELLON, FL 00000	☐ Delete	CITY-ST-ZIP			- Change	TT sadden	
NAME	LEWIS, JEFF	i Delete	NAME			☐ Change	Addition	
	10240 SW 134 COURT		STREET ADDRE	SS				
CITY-ST-ZIP	DUNELLON FL		CITY-ST-ZIP					
title Name	,	☐ Delete	TITLE NAME			Change	☐ Addition	
STREET AODRESS			STREET ADDRE	SS				
CITY+SI-ZIP			CITY-ST-ZIP					
TITLE NAME		Delete	title Name			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRES	S				
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE Name		☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS			STREET ADDRES	ss				
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		,	☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRES	is				
CITY-ST-ZIP			CITY-ST-ZIP	-				
12. I hereby o	certify that the information supplied with	h this filing does not qualify fo	r the exemption	stated in Section	n 119.07(3)(i), Florida Statutes. I further co	ertify that the in	formation	

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 effect of the corporation of the receiver or trustee empowered.

SIGNATURE:

| Compared to the indimension applied with the information of the receiver or trustee entry that the information of the receiver or trustee entry 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 effect of the corporation or the receiver or trustee empowered.

| Compared to the information of the receiver or trustee entry that the information of the receiver or trustee entry 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 the corporation or the receiver or trustee empowered.

| Compared to 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 the corporation or the receiver or trustee empowered to execute this report is true and execute and the receiver or trustee empowered to execute and the receiver of the receiver of the corporation or the receiver or trustee empowered to execute and the receiver of t