


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # F45782
 1. Entity Name
 A-1 LIGHTNING PROTECTION SERVICES, INC.



Principal Place of Business 10240 SW 134TH COURT DUNNELLON, FL 34432 US	Mailing Address 10240 SW 134TH COURT DUNNELLON, FL 34432 US
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04012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2128630	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
 LEWIS, JEFFREY D
 10240 SW 134TH COURT
 DUNNELLON, FL 34432

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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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, LINDA J. 10240 SW 134 COURT DUNNELLON, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEWIS, JEFF 10240 SW 134 COURT DUNELLON, FL
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 04/05/05-80012-018 150.00

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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: Jeffrey D. Lewis **JEFFREY D. Lewis** 4-2-05 352-465-0620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone #