2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 258402

1. Entity Name
BI-RITE COMPANY, INC.

Principal Place of Business	Mailing Address
KIME LEA SLATTON 6608 ADAMO DRIVE TAMPA, FL 33619 US	KIME LEA SLATTON 6608 ADAMO DRIVE TAMPA, FL 33619 US

01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0998202
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GAZZO, JOSEPH F III
6608 ADAMO DR
TAMPA, FL 33619

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

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

158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SLATTON, LOIS
STREET ADDRESS	11201 KNIGHTS GRIFFEN
CITY-ST-ZIP	THONOTOSASSA, FL
TITLE	VSD
NAME	SLATTON, KIME L
STREET ADDRESS	11206 LAKE SASSA DRIVE
CITY ST ZIP	THONOTOSASSA, FL 33592
TITLE	VT
NAME	BEVILLE, TERRY
STREET ADDRESS	213 KINGS WAY DR
CITY ST ZIP	TEMPLE TERRACE, FL
TITLE	VD
NAME	MCCORMICK, KAREN
STREET ADDRESS	2118 MARJORY
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	P
NAME	GAZZO, JOSEPH F III
STREET ADDRESS	2807 OLD BAYSHORE WAY
CITY ST ZIP	TAMPA, FL 33611
TITLE	VD
NAME	SLATTON, JAMES W
STREET ADDRESS	6608 ADAMO DR
CITY ST ZIP	TAMPA, FL 33619

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03/16/05-80018-018 158.75

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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: _____ 2/24/05 813-623-5461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #