2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 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

DO NOT WRITE IN THIS SPACE

01162006 No Chg-P CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be $550.00

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

U00000524912
05/04/06-80009-007 158.75

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

DO NOT WRITE IN THIS SPACE

12. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ TERRY BEVILLE 4/19/06 813-623-5401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #