


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90351 033 \*\*\*158.75

<b>DOCUMENT # 258402</b> 1. Entity Name BI-RITE COMPANY, INC.	
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Principal Place of Business KIME LEA SLATTON 6608 ADAMO DRIVE TAMPA, FL 33619 US	Mailing Address KIME LEA SLATTON 6608 ADAMO DRIVE TAMPA, FL 33619 US
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04222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0998202	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SLATTON, LOIS 11201 KNIGHTS GRIFFEN THONOTOSASSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SLATTON, KIME L 11206 LAKE SASSA DRIVE THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BEVILLE, TERRY 213 KINGS WAY DR TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCORMICK, KAREN 2118 MARJORY TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAZZO, JOSEPH F III 2807 OLD BAYSHORE WAY TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SLATTON, JAMES W 6608 ADAMO DR TAMPA, FL 33619

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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.
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<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4/23/08</b> <small>Date</small>	<b>813-623-5461</b> <small>Daytime Phone #</small>
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