

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 520835

1. Entity Name
BRITE LITE SERVICE COMPANY, INC.



Principal Place of Business
**3633 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32207**

Mailing Address
**3633 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32207**

DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1715097

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOORE, MICHAEL R.
3633 ST. AUGUSTINE RD.
JACKSONVILLE, FL 32207**

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000126591
04/23/04-80040-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	MOORE, BONNIE C
STREET ADDRESS	3633 ST. AUGUSTINE RD.
CITY-ST-ZIP	JACKSONVILLE, FL 00000,
TITLE	PD
NAME	MOORE, MICHAEL R
STREET ADDRESS	3633 ST. AUGUSTINE RD.
CITY-ST-ZIP	JACKSONVILLE, FL 00000,
TITLE	T
NAME	MOORE, MICHAEL R
STREET ADDRESS	3633 ST. AUGUSTINE RD.
CITY-ST-ZIP	JACKSONVILLE, FL 00000,
TITLE	V
NAME	BONNIE C. MOORE
STREET ADDRESS	3633 ST. AUGUSTINE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael R. Moore
President**

04-21-04

Date

904-398-5305

Daytime Phone #