

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 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**



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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, 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	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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/05-80042-003 150.00

**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)(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:

MICHAEL R. MOORE
Michael R. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-05
Date

**906
398-5305**
Daytime Phone #