

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90260 038 ***150.00

DOCUMENT # H50246

1. Entity Name
NITE-BRIGHT SIGN COMPANY, INC.



Principal Place of Business
**C/O DAVID W. MATHEY, JR.
16061 PINE RIDGE ROAD
FT MYERS, FL 33908-9634**

Mailing Address
**C/O DAVID W. MATHEY, JR.
16061 PINE RIDGE ROAD
FT MYERS, FL 33908-9634**

24058300



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142004

Chg-P

CR2E034 (10/03)

4. FEI Number
06-0755096

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATHEY, DAVID W JR
PINE RIDGE ROAD
FT MYERS, FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WRIGHT, BRUCE A
3644 LIBERTY SQUARE
SANIBEL, FL 33957** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WRIGHT, BRUCE A.
3799 LIBERTY SQUARE
FORT MYERS, FL 33908** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MATHEY, LINDA H
1309 SEASPRAY LANE
SANIBEL, FL 33957** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MATHEY, DAVID W., JR.
1309 SEASPRAY LANE
SANIBEL, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
WRIGHT, KATHERINE M.
3644 LIBERTY SQUARE
FORT MYERS, FL 33908** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
WRIGHT, KATHERINE M.
3799 LIBERTY SQUARE
FORT MYERS, FL 33908** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Katherine M. Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KATHERINE M. WRIGHT

04/26/04
Date

239-466-2616
Daytime Phone #