

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90009 018 \*\*\*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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**06-0755096**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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, 2007 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  
3799 LIBERTY SQUARE  
FORT MYERS, FL 33908 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
MATHEY, DAVID W., III  
8848 BRACKEN WAY  
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  
VD  
WRIGHT, DOUGLAS A.  
9269 GLADIOLUS PRESERVE CIRCLE  
FORT MYERS, FL 33908 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
MATHEY, DAVID W., JR.  
1309 SEASPRAY LANE  
SANIBEL, FL 33957 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
BRADFORD, LYN D.  
14556 HERIES WAY DRIVE  
FORT MYERS, FL 33912 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
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 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:

*David W. Mathey Jr*  
**DAVID W. MATHEY JR**

**3/22/07 239-466-2616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #