2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 18, 2008 8:00 am **Secretary of State** DOCUMENT # H50246 1. Entity Name 03-18-2008 90009 042 ***150.00 NITE-BRIGHT SIGN COMPANY, INC. Principal Place of Business Mailing Address 40047703 C/O DAVID W. MATHEY, JR. C/O DAVID W. MATHEY, JR. 16061 PINE RIDGE ROAD 16061 PINE RIDGE ROAD FT MYERS, FL 33908-9634 FT MYERS, FL 33908-9634 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 06-0755096 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATHEY, DAVID W JR Street Address (P.O. Box Number is Not Acceptable) PINE RIDGE ROAD FT MYERS, FL City Zio 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 reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VD VD TITLE ☐ Delete TITLE Addition Change WRIGHT, BRUCE A WRIGHT, DOUGLAS A. NAME NAME 9169 GEADIOLUS PRESERUE CIRCLE STREET ADDRESS 3799 LIBERTY SQUARE STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP FT. MYERS, FL 33908 VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition MATHEY, LINDA H NAME STREET ADDRESS 1309 SEASPRAY LANE STREET ADDRESS CITY-ST-ZIP SANIBEL, FL 33957 CITY-ST-ZIP PD TITLE ☐ Delete ☐ Change ☐ Addition MATHEY, DAVID W., JR. NAME NAME STREET ADDRESS 1309 SEASPRAY LANE STREET ADDRESS CITY-ST-ZIP SANIBEL, FL 33957 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME WRIGHT, KATHERINE M. NAME STREET ADDRESS 3799 LIBERTY SQUARE STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition MATHEY, DAVIDW. III MATHEY, DAVID E III NAME NAME STREET ADDRESS 8848 BRALKEN WAY STREET ADDRESS 8848 BRACKEN WI CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP TITLE "MAIN A [4] · r ☐ Delete TITLE Addition BRADFORD, LYN D NAME 14556 AERIES WAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 CITY-ST-7IP

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 attac

DAVID W. MATHEY UR 3/1/08 279-466-26/16

FILED