2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H50246

Entity Name: NITE-BRIGHT SIGN COMPANY, INC.

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
C/O DAVID W. MATHEY, JR. 16061 PINE RIDGE ROAD FT MYERS, FL 339089634				C/O DAVID W. MATHEY, JR. 16061 PINE RIDGE ROAD FT MYERS, FL 339082634 US			
Current Mailing Address:				New Mailing Address:			
C/O DAVID W. MATHEY, JR. 16061 PINE RIDGE ROAD FT MYERS, FL 339089634			C/O DAVID W. MATHEY, JR. 16061 PINE RIDGE ROAD FT MYERS, FL 339082634 US				
FEI Number:	06-0755096	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:		Name and	Address of Ne	w Registered Agent:	
MATHEY, DAVID W JR PINE RIDGE ROAD FT MYERS, FL US				MATHEY, DAVID W JR 16061 PINE RIDGE ROAD FT MYERS, FL 339082634 US			
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.							
SIGNATUR	!E:					04/23/2009	
	Electronic	Signature of Registered Agent	t			Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VD ()E WRIGHT, BRUCE 3799 LIBERTY S FORT MYERS, F	QUARE		Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	VD ()E MATHEY, LINDA 1309 SEASPRAY SANIBEL, FL 33	LANE		Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	PD ()E MATHEY, DAVID 1309 SEASPRAY SANIBEL, FL 339	LANE		Title: Name: Address: City-St-Zip:	PD (X) C MATHEY, DAVID 1309 SEASPRAY SANIBEL, FL 339	LANE	
Title: Name: Address: City-St-Zip:	VD () E WRIGHT, KATHE 9269 GLADIOLUS FORT MYERS, F	RINE A S PRESERVE CIRCLE		Title: Name: Address: City-St-Zip:	WRIGHT, DOUGL	S PRESERVE CIRCLE	
Title: Name: Address: City-St-Zip:	VD () E MATHEY, DAVID 8848 BRACKEN FORT MYERS, F	WAY		Title: Name: Address: City-St-Zip:	VD (X) C MATHEY, DAVID 15126 BRIAR RIE FORT MYERS, F	OGE CIRCLE	
Title: Name: Address: City-St-Zip:	TSD () E BRADFORD, LYN 14556 AERIES W FORT MYERS, F	/AY DRIVE		Title: Name: Address: City-St-Zip:	TSD (X) C BRADFORD, LYN 15660 SHAMROC FORT MYERS, F	K DR	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W MATHEY JR PD 04/23/2009