

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L64880**

1. Entity Name  
**SUNBRITE, INC.**



Principal Place of Business  
**644 67TH ST CIRCLE EAST  
BRADENTON, FL 34208**

Mailing Address  
**644 67TH ST CIRCLE EAST  
BRADENTON, FL 34208**



08032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0188224**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SHAH, PRAKASH J.  
644 67TH ST CIRCLE EAST  
BRADENTON, FL 34208**

**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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	PATEL, NATVER G
STREET ADDRESS	441 BROAD STREET
CITY-ST-ZIP	AUGUSTA, GA
TITLE	S
NAME	SHAH, P.J.
STREET ADDRESS	644 67TH ST CIRCLE EAST
CITY-ST-ZIP	BRADENTON, FL
TITLE	TAD
NAME	PATEL, KANUBHAD D.
STREET ADDRESS	7645 WILLIAMSON ROAD
CITY-ST-ZIP	ROANOKE, VA
TITLE	P
NAME	PATEL, PARBHUBHAI N.
STREET ADDRESS	3104 GLYNN AVE.
CITY-ST-ZIP	BRUNSWICK, GA
TITLE	D
NAME	PATEL, AMRUTBHAI I.
STREET ADDRESS	869 SOUTH DUPONT WAY
CITY-ST-ZIP	SMYRNA, DE
TITLE	TD
NAME	PATEL, DAHYABHAI N.
STREET ADDRESS	4015 OGEECHEE ROAD
CITY-ST-ZIP	SAVANNAH, GA

000000170364  
08/18/04-60004-001 550.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Long Phone #

8-11-04 941-746-2505