

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # M88759

1. Entity Name
BRITE PRODUCTS, INC.



Principal Place of Business
1241 WEST 13TH STREET
RIVIERA BEACH, FL 33404

Mailing Address
P.O. BOX 10562
RIVIERA BEACH, FL 33419

FILED

08 MAR 10 PM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02292008

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0093034

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

HAGEN, JAMES R
1889 TUDOR ROAD
N. PALM BEACH, FL 33408

Name

HAGEN, PAMELA A

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

1889 TUDOR ROAD

City

N. PALM BEACH

FL

Zip Code

33408

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

Pamela A. Hagen

(NOTE: Registered Agent signature required when reinstating)

DATE

3/4/08

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HAGEN, JAMES R	
STREET ADDRESS	1889 TUDOR ROAD	
CITY - ST - ZIP	N. PALM BEACH, FL 33408	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HAGEN, PAMELA A	
STREET ADDRESS	1889 TUDOR ROAD	
CITY - ST - ZIP	N. PALM BEACH, FL 33408	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CAREY, CHRIS PATRICK	
STREET ADDRESS	226 SW STATLER AVE	
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34984	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAGEN, TRAVIS J	
STREET ADDRESS	9304 FIRENZE DRIVE, APT. 304	
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGEN, PAMELA A	
STREET ADDRESS	1889 TUDOR RD.	
CITY - ST - ZIP	N. PALM BEACH, FL 33408	
TITLE	VP, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAREY, CHRIS PATRICK	
STREET ADDRESS	226 SW STATLER AVE	
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34984	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

Pamela A. Hagen

3/4/08

(561)622-0614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Month/Year