


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90292 031 ****61.25

| | |
|--|---|
| DOCUMENT # N03000007631 |  |
| 1. Entity Name BRITE FUTURES I, INC. | |

| | |
|---|---|
| Principal Place of Business 4456 WHISPERING PINES LANE FT PIERCE, FL 34982-6990 | Mailing Address 4456 WHISPERING PINES LANE FT PIERCE, FL 34982-6990 |
|---|---|

94055170

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01112004 Chg-NP CR2E037 (10/03)

| | |
|---|--|
| 4. FEI Number 20-0199613 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent DAMPIER, RONALD L 4456 WHISPERING PINES LANE FT PIERCE, FL 34982-6990 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | 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 _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|----------------------------|-----------------------------------|---------------------------------|--|---|------------|--|--|
| TITLE | D/P | <input type="checkbox"/> Delete | | TITLE | D/P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DAMPIER, RONALD L | | | NAME | | | |
| STREET ADDRESS | 4456 WHISPERING PINES LANE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | FT PIERCE, FL 349826990 | | | CITY-ST-ZIP | | | |
| TITLE | D/S | <input type="checkbox"/> Delete | | TITLE | D/S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JONES, LISA | | | NAME | | | |
| STREET ADDRESS | 851 SW BRYON ST | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | PORT ST LUCIE, FL 34981 | | | CITY-ST-ZIP | | | |
| TITLE | D/T | <input type="checkbox"/> Delete | | TITLE | D/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GPSON, LOUIS | | | NAME | | | |
| STREET ADDRESS | 921 E HALL ST | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | STUART, FL 34994 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

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 617, 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: *Ronald L. Dampier* **4-15-04 (1778) 468-8746**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Ronald L. Dampier, President