
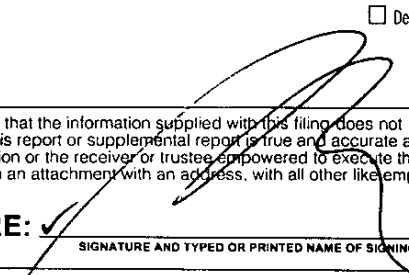


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90360 043 ***158.75

DOCUMENT # P01000101134 1. Entity Name J.B. BRIGHT, INC.					
Principal Place of Business 3125 NE 42ND PL OCALA, FL 34479			Mailing Address 107 NE 1ST AVE OCALA, FL 34470		
2. Principal Place of Business - No P.O. Box # 4095 SE 45TH CT Suite, Apt. #, etc. SUITE 4		3. Mailing Address Suite, Apt. #, etc.			
City & State OCALA, FL		City & State			
Zip 34480	Country USA	Zip	Country		
6. Name and Address of Current Registered Agent BRIGHT, JOHN B 3125 NE 42ND PL OCALA, FL 34479				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 59-3753351	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGHT, JOHN B <input type="checkbox"/> Delete 12438 SE 134TH COURT OKLAWAHA, FL 32179		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bright, John B. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5234 W. Corral Place Beverly Hills, FL 34465	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGHT, KATHI E <input checked="" type="checkbox"/> Delete 12438 SE 134TH COURT OKLAWAHA, FL 32179		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			JOHN B. BRIGHT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/6/07 (352)840-0049		