

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000051285

Entity Name
BRIGHT FUTURE ENTERPRISES, INC.



FILED

04 SEP -9 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08312004 Chg-P CR2E034 (10/03)

Principal Place of Business
228 SOUTH CLAIRE DRIVE
PANAMA CITY, FL 32401

Mailing Address
228 SOUTH CLAIRE DRIVE
PANAMA CITY, FL 32401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
01-0681701

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SOMBATHY, JULIE ANN
434 MAGNOLIA AVE
PANAMA CITY, FL 32401

7. Name and Address of New Registered Agent

Name

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

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME OWENS, HUGH M. ☒ Delete
STREET ADDRESS 228 SOUTH CLAIRE DRIVE
CITY- ST- ZIP PANAMA CITY, FL 32401

TITLE VD
NAME OWENS, SHARON M. ☒ Delete
STREET ADDRESS 228 SOUTH CLAIRE DRIVE
CITY- ST- ZIP PANAMA CITY, FL 32401

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D ☒ Change ☐ Addition
NAME Andrew C. Heublein
STREET ADDRESS 67 Collins Road
CITY- ST- ZIP Stonington, CT 06378

TITLE S/T/D ☒ Change ☐ Addition
NAME Heidi Heublein
STREET ADDRESS 67 Collins Road
CITY- ST- ZIP Stonington, CT 06378

TITLE ☐ Change ☐ Addition
NAME 700041066997
STREET ADDRESS 09/14/04--01062--014
CITY- ST- ZIP **61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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

9/3/04 (860) 535-2330

Date

Telephone Number