


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90066 036 ***150.00

DOCUMENT # P03000126015	
1. Entity Name BRITE CONSTRUCTION, INC.	

Principal Place of Business 3500 CONMORE ST PORT CHARLOTTE FL 33948	Mailing Address 3500 CONMORE ST PORT CHARLOTTE FL 33948
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO Box 494028
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Port Charlotte, FL	Port Charlotte, FL
Zip	Country
33949-4028	USA

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARTER, SUMNER L JR 3500 CONMORE ST PORT CHARLOTTE FL 33948	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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	TITLE Carter, Sumner L. Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE Carter, Sumner L. Jr. <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE Carter, Sumner L. Jr. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARTER, SUMNER L JR	NAME Carter, Sumner L. Jr.	NAME Carter, Sumner L. Jr.	NAME Carter, Sumner L. Jr.
STREET ADDRESS 3500 CONMORE ST	STREET ADDRESS PO Box 494028	STREET ADDRESS PO Box 494028	STREET ADDRESS PO Box 494028
CITY-ST-ZIP PORT CHARLOTTE FL 33948	CITY-ST-ZIP Port Charlotte, FL 33949	CITY-ST-ZIP Port Charlotte, FL 33949	CITY-ST-ZIP Port Charlotte, FL 33949
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NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	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 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: Sumner L. Carter **3-15-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #