## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000033561

Name:

Address:

City-St-Zip:

ALLEN, LEE

8620 CESSNA DRIVE

NEW PORT RICHEY, FL 34654 US

Entity Name: BRIGHT IDEAS OF WEST FLORIDA, INC

FILED Apr 27, 2007 Secretary of State

Entity Nan	ne: BRIGHT	IDEAS C	PE VVEST FLORIDA, INC	<i>∍</i> .			
Current Principal Place of Business:				New Principal	New Principal Place of Business:		
10731 EAR NEW POR	HART DR T RICHEY, FL	_ 34654					
Current Mailing Address:				New Mailing Address:			
10731 EAR NEW POR	HART DR T RICHEY, FL	_ 34654					
FEI Number:	20-0836736	FEI Nu	mber Applied For()	FEI Number Not Applicable	e ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Add	Name and Address of New Registered Agent:		
31-57 STRI	(ATHRYN M E EET NORTH SBURG, FL (		US	GILSON, DIANN 10731 EARHAF NEW PORT RIG			
The above in the State		submits <sup>·</sup>	this statement for the pu	rpose of changing its req	gistered office or registered agent, or both,		
SIGNATURE: DIANNE E. GILSON					04/27/2007		
Election Can		ŭ	ture of Registered Ager and Contribution ().	ıt	Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P/S ( GILSON, DAVII 10731 EARHAI NEW PORT RI	RT DR	34654 US	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP ( MATISSEK, JO 8504 AIRWAY NEW PORT RI	BLVD.	34654 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title:	Т (	) Delete		Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip: