

2005 FOR PROFIT CORPORATION ANNUAL REPORT

09-02-2005 90019 001 ***150.00
09-02-2005 90019 002 ***400.00
P04000058104

05 SEP 26 AM 9:22

SEAL STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000058104 1. Entity Name BRIGHT HOME SERVICES, INC.					
Principal Place of Business 11933 SANDALFOOT BOULEVARD WEST BOCA RATON, FL 33428			Mailing Address 11933 SANDALFOOT BOULEVARD WEST BOCA RATON, FL 33428		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-2701266	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CARDILE, ELIZABETH 11933 SANDALFOOT BOULEVARD WEST BOCA RATON, FL 33428				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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 PS/D NAME NORMA B CARDILE <input type="checkbox"/> Delete STREET ADDRESS 11933 Sandalfoot Blvd. West CITY-ST-ZIP BOCA RATON, FL 33428			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 08/12/05 <small>Daytime Phone #</small>		

CRESPO KOZLOSKI and SOPRACASA, PA
Accounting and Tax Services

7041 W. Commercial Blvd., Ste 6A
Fort Lauderdale, FL 33319

Tel: (954) 724-8406
Fax (954) 724-8413

September 26, 2005

Florida Department of State
PO Box 6327
Tallahassee, FL 32314


Re: Document #P04000058104

To Whom It May Concern:

I would like to request a refund of the late paying penalty assessed. I did not receive the original postcard or the second notice. Because this was my first year I would like to ask that you waive the additional fee and refund the \$400.00

Thank you for your consideration in this matter.

Sincerely,



Norma E. Cardile, President
Bright Home Services, Inc.
11933 Sandalfoot Boulevard West
Boca Raton, FL 33428