

2005 FOR PROFIT CORPORATION ANNUAL REPORT

5 **FILED**
Jun 17, 2005 8:00 am
Secretary of State

05-02-2005 90493 030 ***150.00

DOCUMENT # P04000133493					
1. Entity Name BRITE - N - RITE, INC.					
Principal Place of Business 1540 SW 5TH AVE. OCALA, FL 34474			Mailing Address 1540 SW 5TH AVE. OCALA, FL 34474		
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 20-1659884	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOUGLAS, NORMAN 16700 SE 25TH AVE. SUMMERFIELD, FL 34491			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 <u>Norman R. Douglas</u> DATE <u>4/28/05</u> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing)					
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DOUGLAS, NORMAN		NAME		
STREET ADDRESS	16700 SE 25TH AVE.		STREET ADDRESS		
CITY - ST - ZIP	SUMMERFIELD, FL 34491		CITY - ST - ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	OHMER, BRENDA		NAME		
STREET ADDRESS	16680 SE 25TH AVE.		STREET ADDRESS		
CITY - ST - ZIP	SUMMERFIELD, FL 34491		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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: <u>Norman R. Douglas</u> DATE <u>4/28/05</u> 352-401-3030 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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04282005 Chg-P CR2E034 (10/03)