

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90085 038 ***150.00

DOCUMENT # P05000035128

1. Entity Name
ALLBRITE, INC.



Principal Place of Business
**6001 S.W. 103RD STREET ROAD
OCALA, FL 34476**

Mailing Address
**6001 S.W. 103RD STREET ROAD
OCALA, FL 34476**

50013287



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. EEL Number

20-2447662

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOURAKRE, SHARON P CPA
2691 S.E. 52ND STREET
OCALA, FL 34480**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
SMITH, TODD
8038 S.W. 100TH STREET ROAD
OCALA, FL 34481** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PVT
HARMON, CHAD
6001 S.W. 103RD STREET ROAD
OCALA, FL 34476** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
/ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
/ ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
/ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
/ ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **C. Harmon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chad Harmon

4/18/06

Date

352-854-0330

Daytime Phone #