

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102963

Entity Name: BRIGHT RENTALS, INC.

FILED
Feb 01, 2006
Secretary of State

Current Principal Place of Business:

ATTN: RYAN WORKMAN
1296 SOUTH PLEASANT HILL GATE
WAUKEEGAN, IL 60085

New Principal Place of Business:

Current Mailing Address:

ATTN: RYAN WORKMAN
1296 SOUTH PLEASANT HILL GATE
WAUKEEGAN, IL 60085

New Mailing Address:

FEI Number: 20-3186345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORKMAN, MATTHEW
14303 NEPTUNE RD.
SEMINOLE, FL 33706 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WORKMAN, RYAN
Address: 1296 SOUTH PLEASANT HILL GATE
City-St-Zip: WAUKEEGAN, IL 60085

Title: TREA () Delete
Name: WORKMAN, RYAN
Address: 1296 SOUTH PLEASANT HILL GATE
City-St-Zip: WAUKEEGAN, IL 60085

Title: VP () Delete
Name: WORKMAN, MATTHEW
Address: 14303 NEPTUNE RD.
City-St-Zip: SEMINOLE, FL 33706

Title: VP () Delete
Name: KEIF, JUDY
Address: 750 CAPRI CIR.
City-St-Zip: TREASURE ISLAND, FL 33706

Title: SEC () Delete
Name: HURT, LEIGH ANNE
Address: 10237 TARPON DR.
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: R. F. WORKMAN

P

02/01/2006

Electronic Signature of Signing Officer or Director

_____ Date