

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102963

Entity Name: BRIGHT RENTALS, INC.

FILED
Jan 29, 2009
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

ATTN: RYAN WORKMAN
7632 CASCADE WAY
GURNEE, IL 60031

New Mailing Address:

ATTN: RYAN WORKMAN
7632 CASCADE WAY
GURNEE, IL 60031

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: PRES () Delete
Name: WORKMAN, RYAN F DR.
Address: 1296 SOUTH PLEASANT HILL GATE
City-St-Zip: WAUKEGAN, IL 60085

Title: TREA () Delete
Name: WORKMAN, RYAN F DR.
Address: 1296 SOUTH PLEASANT HILL GATE
City-St-Zip: WAUKEGAN, 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: PRES (X) Change () Addition
Name: WORKMAN, RYAN F DR.
Address: 7632 CASCADE WAY
City-St-Zip: GURNEE, IL 60031

Title: TREA (X) Change () Addition
Name: WORKMAN, RYAN F DR.
Address: 7632 CASCADE WAY
City-St-Zip: GURNEE, IL 60031

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 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: RYAN F WORKMAN

PRES

01/29/2009

Electronic Signature of Signing Officer or Director

Date