

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90116 003 ***150.00

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1. Entity Name

ALL-BRITE MAINTENANCE, INC.



Principal Place of Business

155 TENTH STREET
CHULUOTA FL 32766

Mailing Address

~~PO BOX 472~~
CHULUOTA FL 32766-0472

2. Principal Place of Business

155 W 10th ST

Suite, Apt. #, etc.

3. Mailing Address

155 W 10th ST
Chuluota FL 32766

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-3235664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALBRITTON, JAMES E
155 TENTH STREET
CHULUOTA FL 32766

7. Name and Address of New Registered Agent

Name Albritton James E

Street Address (P.O. Box Number is Not Acceptable)

155 WEST 10th ST

City Chuluota

FL

32766

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS ALBRITTON, JAMES E
CITY-ST-ZIP ~~PO BOX 472 N/A~~
CHULUOTA FL 32766

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME Pres.
STREET ADDRESS JAMES E Albritton
CITY-ST-ZIP 155 W 10th ST
Chuluota FL 32766

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James E Albritton JAMES E Albritton 3/28/06 407-765-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #