
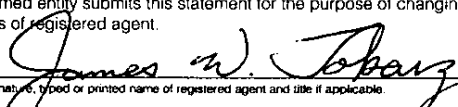
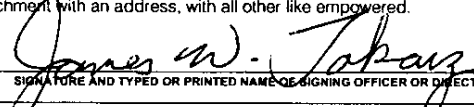


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90034 002 \*\*\*150.00

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # P94000056689</b><br>1. Entity Name<br><b>ALL-BRITE SPECIALTY SERVICES, INC.</b>  |  |   |  |   |  |
| Principal Place of Business<br><b>5036 KINGSWOOD DRIVE<br/>LAKELAND, FL 33813-3026</b>   |  |   | Mailing Address<br><b>5036 KINGSWOOD DRIVE<br/>LAKELAND, FL 33813-3026</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |  |  |
| City & State   |  | City & State  |  |  |  |
| Zip  | Country  | Zip   | Country  |  |  |
| 6. Name and Address of Current Registered Agent  |  |   |  | 7. Name and Address of New Registered Agent  |  |
| <b>CHRITTON, CHARLES CHART</b><br><b>5300 SOUTH FLORIDA AVENUE</b><br><b>LAKELAND, FL 33813</b>  |  |   |  | Name <b>JAMES W. TOKARZ</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5036 KINGSWOOD DR</b><br>City <b>LAKELAND</b> <b>FL</b> Zip Code <b>33813-3026</b> |  |
| 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 <br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |  | DATE <b>3/7/08</b>   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |  |  |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                      |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PTD<br><b>TOKARZ, JAMES W</b><br><b>5036 KINGWOOD DR</b><br><b>LAKELAND, FL 338133026</b>    | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VSD<br><b>TOKARZ, MARION</b><br><b>5036 KINGSWOOD DRIVE</b><br><b>LAKELAND, FL 338133026</b> | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |
| 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |  | Date <b>3/7/08</b> Daytime Phone # <b>(863)647-2668</b>  |  |

