



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90046 048 ***150.00

DOCUMENT # P97000005586					
1. Entity Name LAS OLAS BIGHT, INC.					
Principal Place of Business 544 NEWTOWN ROAD SUITE 128 VIRGINIA BEACH, VA 23462			Mailing Address 544 NEWTOWN ROAD SUITE 128 VIRGINIA BEACH, VA 23462 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 54-1832352	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MUDROCH, ROBERT E 790 EAST BROWARD BLVD. SUITE 400 FT LAUDERDALE, FL 33301			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE C NAME BOYD, JOSEPH W JR STREET ADDRESS 6501 RED HOOK PLAZA, STE 201 CITY-ST-ZIP ST THOMAS, VI 00802	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VST NAME MINSCHKE, FRANK B II STREET ADDRESS 544 NEWTOWN ROAD SUITE 128 CITY-ST-ZIP VIRGINIA BEACH, VA 23462	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME RUDIGER, DAVID STREET ADDRESS 544 NEWTOWN ROAD SUITE 128 CITY-ST-ZIP VIRGINIA BEACH, VA 23462	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME HOFFMAN, EVERETT V STREET ADDRESS 544 NEWTON RD STE 128 CITY-ST-ZIP VIRGINIA BEACH, VA 23462	<input checked="" type="checkbox"/> Delete		TITLE V.P. NAME JOSEPH W. Boyd, III STREET ADDRESS 544 New town Road Ste 128 CITY-ST-ZIP VIRGINIA BEACH, VA 23462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME WILLIAMS, CLYDE B STREET ADDRESS 544 NEWTON RD STE 128 CITY-ST-ZIP VIRGINIA BEACH, VA 23462	<input checked="" type="checkbox"/> Delete		TITLE V.P. NAME Justin K. Boyd STREET ADDRESS 544 Newtown Road Ste 128 CITY-ST-ZIP VIRGINIA BEACH, VA 23462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME DEMILLE, ROBERT B STREET ADDRESS 544 NEWTON RD STE 128 CITY-ST-ZIP VIRGINIA BEACH, VA 23462	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  David S. Rudiger, Pres			1-23-08 757-490-1959		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		