

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90004 015 ***150.00

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1. Entity Name
BRITE LITES WINDOW CLEANING SERVICE, INC.

Principal Place of Business
3112 SUMMIT ROAD
TALLAHASSEE, FL 32310

Mailing Address
3112 SUMMIT ROAD
TALLAHASSEE, FL 32310

54021486



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3532629

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROWE, CARLIS E
3112 SUMMIT ROAD
TALLAHASSEE, FL 32310

7. Name and Address of New Registered Agent

Name **HARRISON, Florence M.**

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

3112 Summit Rd

City **Tallahassee**

FL

Zip Code

32310-9417

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 *F M Harrison*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/04

Date

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
 NAME **PTS** Delete
ROWE, CARLIS E
 STREET ADDRESS **3112 SUMMIT RD**
 CITY-ST-ZIP **TALLAHASSEE, FL 32310**

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **PTS** Change Addition
HARRISON, Florence M.
 STREET ADDRESS **3112 Summit Rd**
 CITY-ST-ZIP **Tallahassee, FL 32310**

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *F M Harrison*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04

Date

Daytime Phone #

877-404-9140