

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State



DOCUMENT # 130210

1. Entity Name
WRIGHT & SEATON INC

Principal Place of Business
 11387 INDIAN SHORE DR
 NORTH PALM BEACH, FL 33408 US

Mailing Address
 P. O. BOX 1506
 WEST PALM BEACH, FL 33402-1506 US



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0517380 | Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEATON, CLYDE H JR
 11387 INDIAN SHORE DR
 NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SEATON, CLYDE H JR
STREET ADDRESS	11387 INDIAN SHORE DR
CITY-ST-ZIP	NORTH PALM BEACH, FL
TITLE	VS
NAME	SEATON, JANET J
STREET ADDRESS	11387 INDIAN SHORE DR
CITY-ST-ZIP	NORTH PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Clyde H Seaton Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-06 561-626-3648
Date Daytime Phone #