## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L39182

Entity Name

WAINWRIGHT JUDICIAL, INC.

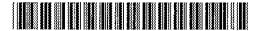


Principal Place of Business

839 EAST PARK AVENUE TALLAHASSEE, FL 32301 Mailing Address

839 EAST PARK AVENUE TALLAHASSEE, FL 32301

## FILED Apr 06, 2004 08:00 AM Secretary of State



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2986148 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAINWRIGHT, LOUIE L SR. 839 EAST PARK AVENUE SUITE A TALLAHASSEE, FL. 32301

## DO NOT WRITE IN THIS SPACE

TALLAHASSEE, FL 32301			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.					
SKGNATURE			Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. 55.00 May Be Added to Fees		\$5.00 May Be Added to Fees	000000104400 04/06/04-80009-007 150 <b>.</b> 00
10.	OFFICERS AND DIREC	TORS			
DITE NAME STREET ADDRESS CKTY - ST - ZIP	PD WAINWRIGHT, LOUIE L SR. 839 EAST PARK AVENUE TALLAHASSEE, FL 32301				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MITCHELL, ANABEL P 839 EAST PARK AVENUE TALLAHASSEE, FL 32301				· · · · · · · · · · · · · · · · · · ·
THE NAME STREET ADDRESS CITY-51-ZIP	TD WAINWRIGHT, LOUIE L JR. 839 EAST PARK AVENUE TALLAHASSEE, FL 32301			DO NOT WRITE	
THEE NAME STREET ADDRESS CITY - ST - ZIP			IN THIS SPACE		
TIFLE NAME STREET ADDRESS CBY-ST-ZIP					

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 O7(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:

TITLE NAME STREET ADDRESS CHY-ST-ZVP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04

222-4006