


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L39182
 1. Entity Name
 WAINWRIGHT JUDICIAL, INC.



Principal Place of Business Mailing Address
 839 EAST PARK AVENUE 839 EAST PARK AVENUE
 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE



02102005 No Chg-P GR2E034 (10/03)

4. FEI Number Applied For
 59-2986148 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

UN00000243248
 02/25/05-80029-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WAINWRIGHT, LOUIE L SR.
STREET ADDRESS	839 EAST PARK AVENUE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	VSD
NAME	MITCHELL, ANABEL P
STREET ADDRESS	839 EAST PARK AVENUE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	TD
NAME	WAINWRIGHT, LOUIE L JR.
STREET ADDRESS	839 EAST PARK AVENUE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Crane A. Mitchell Date: 2/24/05 Daytime Phone #: (850) 222-4886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR