2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 08:00 AM
Secretary of State

ANNUAL REPORT					Secretary of Stat			
DOCUMENT # L39182					ì	secreta	ry of Sta	
1. Entity Name WAINWRIGHT JUDICIAL, INC.								
VVAIIVVVI	RIGHT JUDICIAL, INC.							
Principal Plac	e of Business	Mailing Address						
839 EAST PARK AVENUE Tallahassee, FL 32301		839 EAST PARK AVENUE Tallahassee, FL 32301						
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				4. FEI Numb 59-298			Applied For Not Applicable	
					e of Status Desired		5 Additional tequired	
	6. Name and Address of Current Re	gistered Agent						
WAINWRIGHT, LOUIE L SR.				DΩ	NOT W	RITE		
839 EAST PARK AVENUE SUITE A				아이지 말을 받을 느끼었다.	医克斯勒氏纤维性纤维	96周,台灣國立宣告		
TALLAHASSEE, FL 32301				IN.	THIS SF	PACE		
	,							
	named entity submits this statement for the	ne purpose of changing its registe	red office or r	egistered agent, or bo	oth, in the State of Fl	sica io anti-maca orida. Lam familia	r with, and accept	
the obliga	tions of registered agent.	Ÿ						
Signature Sonature, typed or preferd name of regetored agent and title if applicable. (NOTE: Registered				required when reinstating)		DATE		
						. ,		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DI	RECTORS			ing garage			
TITLE	PD							
NAME STREET ADDRESS	WAINWRIGHT, LOUIE L SR. 839 EAST PARK AVENUE							
CITY-ST-ZIP	TALLAHASSEE, FL 32301							
TITLE	VSD					000056671		
NAME	MITCHELL, ANABEL P		06-18-31-3-2 55-9-20-17		navä	207=200n	(5013 150.b	
STREET ADDRESS	839 EAST PARK AVENUE							
CITY-ST-ZIP	TALLAHASSEE, FL 32301							
TITLE	TD							
STREET ADDRESS	WAINWRIGHT, LOUIE L JR. 839 EAST PARK AVENUE							
CITY-ST-ZIP	TALLAHASSEE, FL 32301			DO	NOT W	RITE		
TITLE			-	사학 학생인 1 발생 생활명합 기간 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tule er			
NAME	<u> </u> -				THIS SF	AVE		
STREET ADDRESS								
CITY-ST-ZIP		······································	_					
TITLE								
NAME STREET ADDRESS							돌려가는 점.	
STREET ADDRESS CITY-ST-ZIP							运搬工专 士	

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

3/14/07

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