


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000043603
 1. Entity Name
 GARY S. WRIGHT, P.A.



Principal Place of Business Mailing Address
 465 SUMMERHAVEN DR. 465 SUMMERHAVEN DR.
 SUITE C SUITE C
 DEBARY, FL 32713 DEBARY, FL 32713

DO NOT WRITE IN THIS SPACE



03162005 No Chg-P CR2E034 (10/03)
 4. FEI Number 43-2011549 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WRIGHT, GARY S
 295 ADELAIDE STREET
 DEBARY, FL 32713

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature typed or printed name of registered agent and title if applicable

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

U00000277134
 03/26/05-80017-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	VPDS
NAME	WRIGHT, GARY S
STREET ADDRESS	465 SUMERHAVEN DR., STE C
CITY - ST - ZIP	DEBARY, FL 32713
TITLE	T
NAME	WRIGHT, GARY S
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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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: Gary S Wright 3/16/05 (386) 753-0280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #