

# 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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