


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 275404
 1. Entity Name
DIFFLEY-WRIGHT CORPORATION.



Principal Place of Business Mailing Address
 1891 PORTER LAKE DR. 1891 PORTER LAKE DR.
 SUITE 106 SUITE 106
 SARASOTA, FL 34240 SARASOTA, FL 34240



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-1033117 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 REYNOLDS, JOSHUA
 1891 PORTER LAKE DR.
 SUITE 106
 SARASOTA, FL 34240

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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 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 NAME STREET ADDRESS CITY-ST-ZIP	PT DIFFLEY, PATRICK J. 1891 PORTER LAKE DR. STE 106 SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIFFLEY, KEVIN J. 1891 PORTER LAKE DR. STE 106 SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REYNOLDS, JUDITH A 1891 PORTER LAKE DR. STE 106 SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIFFLEY, GERALDINE R 1891 PORTER LAKE DR. STE 106 SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSM PROFFITT, BRENT 1891 PORTER LAKE DR. STE 106 SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000498925
 04/24/06-80010-023 150.00

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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: Judith A Reynolds 4/7/06 (941) 343 9750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #