

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90069 046 ***150.00

DOCUMENT # 447749 1. Entity Name ANDY WRIGHT, INC.					
Principal Place of Business 2071 RITES LANE NORTH PALM BEACH, FL 33408 US			Mailing Address 2071 RITES LANE NORTH PALM BEACH, FL 33408 US		
2. Principal Place of Business <i>11585 U.S. Hwy #1</i> Suite, Apt. #, etc. <i>Suite 311</i>		3. Mailing Address <i>11585 U.S. Hwy #1</i> Suite, Apt. #, etc. <i>Suite 311</i>			
City & State <i>North Palm Beach</i> Zip <i>33408</i>		City & State <i>North Palm Beach</i> Zip <i>33408</i>		4. FEI Number 59-1518199	
Country <i>U.S.</i>		Country <i>U.S.</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, ANDREW M JR. 2071 RITES LANE NORTH PALM BEACH, FL 33408				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Andrew M Wright Jr</i> DATE: <i>1/22/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME WRIGHT (ANDREW M.), JR. STREET ADDRESS 2071 RITES LANE CITY-ST-ZIP NORTH PALM BEACH, FL	<input checked="" type="checkbox"/> Delete		TITLE PD NAME (Andrew) Wright Jr. STREET ADDRESS 11585 U.S. Hwy #1 CITY-ST-ZIP North Palm Beach FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME WRIGHT (MARY JANE S.) STREET ADDRESS 2071 RITES LANE CITY-ST-ZIP NORTH PALM BEACH, FL	<input checked="" type="checkbox"/> Delete		TITLE STD NAME Wright Mary Jane S. STREET ADDRESS 16941 Waterbend Dr #151 CITY-ST-ZIP Jupiter, FL 33477	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Andrew M Wright Jr</i>			Date: <i>1/22/05</i> Daytime Phone #		