

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90113 036 ***150.00

DOCUMENT # 447749

1. Entity Name

ANDY WRIGHT, INC.



Principal Place of Business

11585 US HIGHWAY 1
SUITE 311
NORTH PALM BEACH FL 33408
US

Mailing Address

11585 US HIGHWAY 1
SUITE 311
NORTH PALM BEACH FL 33408
US



2. Principal Place of Business - No P.O. Box #

14100 S.W. Conner Hwy

3. Mailing Address

14100 S.W. Conner Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Okeechobee

City & State

Okeechobee

4. FEI Number

59-1518199

Applied For

Not Applicable

Zip

34974

Country

USA

Zip

34974

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, ANDREW M. JR.
11585 US HWY 1
SUITE 311
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WRIGHT (ANDREW M.), JR.
STREET ADDRESS 11585 US HIGHWAY 1 STE 311
CITY- ST- ZIP NORTH PALM BEACH FL 33408 ☐ Delete

TITLE STD
NAME WRIGHT (MARY JANE S.)
STREET ADDRESS 11585 US HIGHWAY 1 STE 311
CITY- ST- ZIP NORTH PALM BEACH FL 33408 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

4/18/08 561-371-1027