

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90243 010 ***150.00

DOCUMENT # 456503 1. Entity Name S.R. WRIGHT & COMPANY, P.A.					
Principal Place of Business 550 E. DAVIDSON BARTOW, FL 33830-3940			Mailing Address 550 E. DAVIDSON BARTOW, FL 33830-3940		
2. Principal Place of Business 154 Avenue H, SE Suite, Apt. #, etc. Suite 1 City & State Winter Haven, Florida Zip 33880		3. Mailing Address P. O. Box 7249 Suite, Apt. #, etc. City & State Winter Haven, Florida Zip 33883-7249			
Country USA		Country USA		02142006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-1539330				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, STEVEN R. 550 E. DAVIDSON STREET BARTOW, FL 33830			7. Name and Address of New Registered Agent Name Steven R. Wright Street Address (P.O. Box Number is Not Acceptable) 154 Avenue H, SE Suite 1 City Winter Haven FL Zip Code 33880		
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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WRIGHT, STEVEN R 550 E DAVIDSON STREET BARTOW, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Steven R. Wright 154 Avenue H, SE, Suite 1 Winter Haven, FL 33880
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 information.					
SIGNATURE:		Steven R. Wright		5/1/2006 (863)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

299-6815