


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000001229

1. Entity Name
WRIGHT CHOICE INVESTIGATIONS & CONSULTING, INC.



Principal Place of Business 311 QUARTERPATH LANE JAMESTOWN, NC 27282-8625	Mailing Address P.O. BOX 1752 JAMESTOWN, NC 27282-1752
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2140896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOVE, JOYCE S
 203 NORTH FRANKLIN BLVD.
 TALLAHASSEE, FL 32301

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file # applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00
After May 1, 2004 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	PCD WRIGHT, DOUGLAS G 311 QUARTERPATH LANE JAMESTOWN, NC 272828625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WRIGHT, ANNE B 311 QUARTERPATH LANE JAMESTOWN, NC 272828625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WRIGHT, DOUGLAS G 311 QUARTERPATH LANE JAMESTOWN, NC 272828625
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 01-13/04-80006-010 150.00

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: Douglas G. Wright Douglas G. Wright 01.07.2004 (336) 454-5962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #