

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000003097

1. Entity Name
**C.W. WRIGHT CONSTRUCTION COMPANY,
INCORPORATED**



Principal Place of Business
**11500 IRON BRIDGE ROAD
CHESTER, VA**

Mailing Address
**11500 IRON BRIDGE ROAD
CHESTER, VA**



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1151874	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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**U00000945474
05/30/08-80010-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SPRULL, E.J. 11500 IRON BRIDGE ROAD CHESTER, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HAMMAN, JERRY L 11500 IRON BRIDGE ROAD CHESTER, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KAUFFMAN, A. JAMES P.O. BOX 2465 RICHMOND, VA 23218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, MICHAEL A P.O. BOX 500 RICHMOND, VA 23218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAPMAN, MASON T 11500 IRON BRIDGE ROAD CHESTER, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-08

Date

804 768 1054

Daytime Phone #