

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # G84625

1. Entity Name
CARTWRIGHT COMMERCIAL, INC.



Principal Place of Business

**12901 GULF LANE
MADEIRA BCH., FL 33708 US**

Mailing Address

**P.O. BOX 3085
PO BOX 3085
KISSIMMEE, FL 34742 US**

DO NOT WRITE IN THIS SPACE



08172005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2379378

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARTWRIGHT, PATRICIA
2609 SALINA WAY
KISSIMMEE, FL 34758**

**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 \$550.00
Due by September 7, 2005**

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
**PVTS
CARTWRIGHT, PATRICIA
2609 SALINA WAY
KISSIMMEE, FL 34758**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**400059750204
09/19/05--01062--001 **150.00**

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IN THIS SPACE**

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: **PATRICIA CARTWRIGHT** **9-4-05** **PRES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9-4-05

Centuright Comm'l Inc
PO BOX 3085

Kiss, FL, 34742

Subject: Annual report notice.

To Whom it may concern;

I wish to have the \$400⁰⁰ late fee
waived since the annual report
notice was not received.

Thank you
Petra C. Kelly

Ref letter #205A00052466
fr/Barbara Mitchell
8-17-05