

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

09-20-2004 90005 005 \*\*\*550.00

**DOCUMENT # J03661**

1. Entity Name  
**JIM WRIGHT CONSTRUCTION, INC.**



Principal Place of Business

**835 35CT SW  
VERO BEACH, FL 32968**

Mailing Address

**835 35TH CT SW  
VERO BEACH, FL 32968 0291 US**

**54073328**



07012004

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2637859**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WRIGHT, JAMES A., JR.  
835 35TH CT SW  
VERO BEACH, FL 32968 32968**

**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's signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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  
**PD  
WRIGHT, JAMES A., JR.  
835 35TH CT SW  
VERO BEACH, FL 32968**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**SD  
WRIGHT, JENNY L.  
835 35TH CT SW  
VERO BEACH, FL 32968**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**14 Sept 04**

Date

**772-569-0286**

Daytime Phone #