

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

Cert mail #

FILED

7004 MAY 02, 2005 08:00 AM
Secretary of State

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 32960-0291 US



04262005 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

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WRIGHT, JAMES A., JR.
STREET ADDRESS 835 35TH CT SW
CITY-ST-ZIP VERO BEACH, FL 32968

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

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05/04/05-80039-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Jim Wright
President

4/26/07 772-569-0281
Date **Daytime Phone #**