

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2004 08:00 AM
Secretary of State**

DOCUMENT # J06682

1. Entity Name
SUSAN E. WRIGHT, D.M.D., P.A.



Principal Place of Business
**766 10TH COURT
VERO BEACH, FL 32962**

Mailing Address
**766 10TH COURT
VERO BEACH, FL 32962**



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2655433

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WRIGHT, SUSAN E
766 10TH COURT
VERO BEACH, FL 32962**

**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, 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 PS
NAME WRIGHT, SUSAN E., DMD
STREET ADDRESS 766 10TH COURT
CITY-ST-ZIP VERO BEACH, FL 32962

TITLE TD
NAME WRIGHT, SUSAN E., DMD
STREET ADDRESS 766 10TH COURT
CITY-ST-ZIP VERO BEACH, FL 32962

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U000000011255
01/23/04-80028-024 150.00

**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: Susan E. Wright, DMD SUSAN E. WRIGHT, DMD 19 JAN 04 #72-538-8210