



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # J09356 1. Entity Name WRIGHT CO. AIR CONDITIONING & HEATING	
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Principal Place of Business % JEFFREY F. WRIGHT P.O. BOX 18596 WEST PALM BEACH, FL 33416	Mailing Address % JEFFREY F. WRIGHT P.O. BOX 18596 WEST PALM BEACH, FL 33416
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DO NOT WRITE IN THIS SPACE

	
01212004 No Chg-P	CR2E034 (10/03)
4. FEI Number 59-2667818	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 JEFFREY F. WRIGHT 3487 STATE ST. LAKE WORTH, FL 33461
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO WRIGHT, JEFFREY F. 3487 STATE ST. LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD JERRELL, RETA S. 5866 ORCHARD WAY WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WRIGHT, TIMOTHY S 13086 82ND ST N WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000080827 03/08/04-80125-006 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  **3-6-04** **561 641-0303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #