


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J23160</b> 1. Entity Name <b>MAKOWSKI &amp; WRIGHT, INC.</b>	
--	---

Principal Place of Business <b>% FRANK MAKOWSKI 27 NW 13 ST HOMESTEAD, FL 33030</b>	Mailing Address <b>% FRANK MAKOWSKI 27 NW 13 ST HOMESTEAD, FL 33030</b>
--	--



01052006 No Chg-P CR2EQ34 (1/1/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2696405</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$3.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>MAKOWSKI, FRANK 27 NW 13 ST HOMESTEAD, FL 33030</b>
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE: **01/17/06-80008-004 158.75**

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT MAKOWSKI, FRANK 27 NW 13 ST. HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S WRIGHT, GEORGIA A 302 ANNE BONNY DR. KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: FRANK MAKOWSKI PRES. 1/9/06 305 247-1356  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #