

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2005 08:00 AM
Secretary of State

DOCUMENT # K62992

1. Entity Name
WRIGHT'S EXCAVATING, INC.



Principal Place of Business
**917 -13TH ST
ST CLOUD, FL 34769**

Mailing Address
**917-13TH STREET
ST CLOUD, FL 34769 US**



07182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2958422	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, REBECCA A
917 13TH ST
ST CLOUD, FL 34769**

**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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WRIGHT, RANDY LEE
STREET ADDRESS	917 13TH ST
CITY-ST-ZIP	SAINT CLOUD, FL 34769

TITLE	P
NAME	WRIGHT, RANDY LEE
STREET ADDRESS	917 13TH STREET
CITY-ST-ZIP	SAINT CLOUD, FL 34769

TITLE	VP
NAME	WRIGHT, WILLIAM W.
STREET ADDRESS	901 13TH ST.
CITY-ST-ZIP	ST. CLOUD, FL

TITLE	ST
NAME	WRIGHT, REBECCA A
STREET ADDRESS	917 13TH ST
CITY-ST-ZIP	SAINT CLOUD, FL 34769

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000373583
07/19/05-80004-013 \$50.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Rebecca A Wright 7-18-05 407-892-1070