

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000041889

**FILED**  
**Jan 06, 2006**  
**Secretary of State**

**Entity Name:** MICHAEL WRIGHT LAWN SERVICE, INC.

**Current Principal Place of Business:**

3244 MAPLEWOOD DR.,  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1046  
GULF BREEZE, FL 32562

**New Mailing Address:**

**FEI Number:** 59-3648147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WRIGHT, MICHAEL  
3244 MAPLEWOOD DR.,  
GULF BREEZE, FL 32563 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** MICHAEL WRIGHT

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PSTD ( ) Delete  
**Name:** WRIGHT, MICHAEL  
**Address:** 3244 MAPLEWOOD DR.,  
**City-St-Zip:** GULF BREEZE, FL 32563

**Title:** VP ( ) Delete  
**Name:** CARTER, DEAN  
**Address:** 119 E. SUNSET AVE.  
**City-St-Zip:** PENSACOLA, FL 32507 ES

**Title:** VP ( ) Delete  
**Name:** PINNEY, GUY M  
**Address:** 2653 VENETIAN WAY  
**City-St-Zip:** GULF BREEZE, FL 32563

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MICHAEL WRIGHT

Electronic Signature of Signing Officer or Director

**PRES**

**01/06/2006**

Date