## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P00000056186 1. Entity Name

WRIGHT & ASSOCIATES OF THE SUNCOAST, INC.

Principal	Place of	Business

200 VENICE, FL 34292

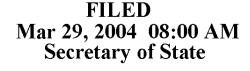
304 W VENICE AVE.

Mailing Address

304 W VENICE AVE.

200

VENICE, FL 34292





CR2E034 (10/03)

## DO NOT WRITE IN THIS SPACE

4. FE! Number 65-1015270	 Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

5. Name and Address of Current Registered Agent

WRIGHT, BARBARA E 304 W VENICE AVENUE # 200 VENICE, FL 34292

## DO NOT WRITE IN THIS SPACE

No Chg-P

03122004

				10.10.200	
	named entity submits this statement for the plants of registered agent.	ourpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTE Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	U00000097790 03/29/04-80014-023 150.00
10.	OFFICERS AND DIREC	CTORS	I		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WRIGHT, BARBARA 116 SARASOTA QUAY SARASOTA, FL 34236				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WRIGHT, CLIFFORD 4803 64TH DRIVE WEST BRADENTON, FL 34210				
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,				
12. I hereby	certify that the information supplied with this t	filing does not qualify for the exe	mption state	d 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:
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