

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000056186

1. Entity Name
WRIGHT & ASSOCIATES OF THE SUNCOAST, INC.



Principal Place of Business

**304 W VENICE AVE.
200
VENICE, FL 34292**

Mailing Address

**304 W VENICE AVE.
200
VENICE, FL 34292**



02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1015270	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, BARBARA E
304 W VENICE AVENUE # 200
VENICE, FL 34292**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WRIGHT, BARBARA
STREET ADDRESS	116 SARASOTA QUAY
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	VD
NAME	WRIGHT, CLIFFORD
STREET ADDRESS	4803 64TH DRIVE WEST
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000426911
02/20/06 80064-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Wright

2/7/06

Date

941-344-0344

Daytime Phone #