

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000056186

**FILED**  
**Mar 18, 2008**  
**Secretary of State**

**Entity Name:** WRIGHT & ASSOCIATES OF THE SUNCOAST, INC.

**Current Principal Place of Business:**

304 W VENICE AVE.  
200  
VENICE, FL 34292

**New Principal Place of Business:**

304 W VENICE AVE.  
200  
VENICE, FL 34285

**Current Mailing Address:**

304 W VENICE AVE.  
200  
VENICE, FL 34292

**New Mailing Address:**

1226 N. TAMIAMI TRAIL STE 200  
200  
SARASOTA, FL 34236

**FEI Number:** 65-1015270

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

WRIGHT, BARBARA E  
1226 N. TAMIAMI TRAIL STE 200  
SARASOTA, FL 34236 US

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: \_\_\_\_\_

03/18/2008

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WRIGHT, BARBARA  
Address: 1226 N TAMIAMI TRAIL SUITE 200  
City-St-Zip: SARASOTA, FL 34236

Title: VD ( ) Delete  
Name: WRIGHT, CLIFFORD  
Address: 4803 64TH DRIVE WEST  
City-St-Zip: BRADENTON, FL 34210

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

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 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: BARBARA E WRIGHT

PD

03/18/2008

Electronic Signature of Signing Officer or Director

Date