

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000086160

FILED
Jun 09, 2006
Secretary of State

Entity Name: WRIGHT WAY FARMS CORPORATION

Current Principal Place of Business:

28375 S.W. 197 AVE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1751
HOMESTEAD, FL 33090

New Mailing Address:

FEI Number: 65-1048773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, GLENDA FAY
26720 S.W. 197 AVE
HOMESTEAD, FL 33031 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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WRIGHT, GLENDA F
Address: POST OFFICE BOX 1751 N/A
City-St-Zip: HOMESTEAD, FL 33090

Title: D () Delete
Name: WRIGHT, GEORGE
Address: POST OFFICE BOX 1751 N/A
City-St-Zip: HOMESTEAD, FL 33090

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 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: GLENDA F. WRIGHT

D

06/09/2006

Electronic Signature of Signing Officer or Director

Date