

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000104377 1. Entity Name WRIGHT FLOORING INC	
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Principal Place of Business 2036 BEACON MANOR DRIVE FT MYERS, FL 33907	Mailing Address 2036 BEACON MANOR DRIVE FT MYERS, FL 33907
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DO NOT WRITE IN THIS SPACE

07062004 No Chg-F CR2004 (10/03)

4. FES Number 65-1058888	Applied for Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, ALAN 6628 WILLOW LAKE DR FT MYERS, FL 33912

**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 cancelling)

DATE

FILE NOW! FEE IS \$150.00
Due by September 8, 20049. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WRIGHT, ALAN 6626 WILLOW LAKE DR FT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUISO, DONNA 6626 WILLOW LAKE DR FT MYERS, FL 33912
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08/02/04-80012-008 158.75**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information included 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 I/A empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-04 239-872-3220

Date

Daytime Phone #