2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000044896

1. Entity Name
PHYLLIS E. WRIGHT, P.A.

Principal Place of Business	Mailing Address
1201 S MCCALL RD ENGLEWOOD, FL 34223	1432 LEMON BAY DR ENGLEWOOD, FL 34223

DO NOT WRITE IN THIS SPACE

04122004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-1102914	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT PA, PHYLLIS E
1432 LEMON BAY DR
ENGLEWOOD, FL 34223

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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 4/13/04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

||0000011303|6
04/14/04-80046-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	WRIGHT, PHYLLIS E
STREET ADDRESS	1432 LEMMON BAY DRIVE
CITY-ST-ZIP	ENGLEWOOD, FL 34223

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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: _____ PRESIDENT 4/13/04 941 474 3___
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #