


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000050640	
1. Entity Name MICHAEL WRIGHT'S FRAMING CONCEPTS, INC.	

Principal Place of Business 3317 STEEPLE CHASE LN KISSIMMEE, FL 34746	Mailing Address 3317 STEEPLE CHASE LN KISSIMMEE, FL 34746
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04112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3723412	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WRIGHT, MICHAEL J 3317 STEEPLE CHASE LN. KISSIMMEE, FL 34746
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

UD00000120577
04/20/04-80016-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WRIGHT, MICHAEL J 3317 STEEPLE CHASE LN. KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS 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 the empowered.

SIGNATURE: *Michael J. Wright* **Michael J. Wright**

Date _____ Daytime Phone # _____