2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2004 08:00 AM

DOCUMENT # P01000097956 1. Entity Name WRIGHT PROFESSIONAL ASSOCIATES, INC.				Secretary of State	
Principal Place of Business 6521 SEAFAIRER DR TAMPA FL 33615		Mailing Address PO BOX 1975 OLDSMAR FL 34677			
2. Principal Place of Business		3. Mailing Address			기 전
Suite, Apt. #. etc.		Suite, Apt #, etc.			MOORE CR2E034 (11/03)
City & State		City & State		A STATE OF THE STA	4. FEI Number 59-3750398 Applied For Not Applicable.
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required
	Name and Address of Curre	nt Registered Agent	· · · · ·		7. Name and Address of New Registered Agent
DILLOC	OF DEDODALL			Name	
DLUGOSE, DEBORAH 6521 SEAFAIRER DR. TAMPA FL 33615				Street Addres	iss (P.O. Box Number is Not Acceptable)
		- the start	- : : : : : : : : : : : : : : : : : : :	City	FL Zip Code
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 Deborah Diagose 2,1,04					
	THE RESERVE OF THE PARTY OF THE			risamus relativ	ADDITIONS OF TO OFFICERS AND DIDECTORS IN 14
STREET ADDRESS 652	UGOSE, DEBORAH 21 SEAFAIRER DR. MPA FL 33615	D PIRECTORS Delete		Į	ADDITIONS/CHANGES TO CFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition U00000056474 02/19/04-80021-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		- 1	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY	ET ADDRESS -ST-ZIP	☐ Change ☐ Addition
I 12. I hereby certi	fy that the information supplied v	vith this filing does not qualify f	or the exe	motion stated in	n Section 119.07(3)(i). Florida Statutes, I further certify that the information

Thereby cerny that the information supplied with this fitting does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. 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:

211.04