

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000099200

FILED
Apr 15, 2009
Secretary of State

Entity Name: DOROTHY WRIGHT ENTERPRISES, INC.

Current Principal Place of Business:

6061 ST JOHNS AVE.
STE C
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

6061 ST JOHNS AVE.
STE C
PALATKA, FL 32177

New Mailing Address:

FEI Number: 59-3736310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WRIGHT, DOROTHY PCEO
6061 ST JOHNS AVE.
STE C
PALATKA, FL 32177 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: WRIGHT, DOROTHY PCEO
Address: 2409 TOMMY AVE.
City-St-Zip: PALATKA, FL 32177

Title: 1VP () Delete
Name: WRIGHT, SANTONYA L
Address: 65955 SAN JUAN AVE #70
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 1VP (X) Change () Addition
Name: WRIGHT, SATONYA L
Address: 65955 SAN JUAN AVE #70
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify 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: DOROTHY WRIGHT

PCEO

04/15/2009

Electronic Signature of Signing Officer or Director

Date