

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000009584

1. Entity Name
WRIGHT BROTHERS DESIGN, INC.



Principal Place of Business
2005 SHADOW PINE DR
BRANDON, FL 33511

Mailing Address
2005 SHADOW PINE DR
BRANDON, FL 33511

DO NOT WRITE IN THIS SPACE

**FILED
May 04, 2005 08:00 AM
Secretary of State**



05012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3766433	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WRIGHT, PAUL
2005 SHADOW PINE DR
BRANDON, FL 33511

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In 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	D WRIGHT, LYMAN P 2005 SHADOW PINE DR BRANDON, FL 33511
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Paul Wright*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/05 813-657-2032
Date Daytime Phone #