2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000043603

1. Entity Name
GARY S. WRIGHT, P.A.



FILED Feb 12, 2007 08:00 AM Secretary of State

Principal Place of Business

465 SUMMERHAVEN DR.

SUITE C DEBARY, FL 32713 Mailing Address

465 SUMMERHAVEN DR. SUITE C

DEBARY, FL 32713



DO NOT WRITE IN THIS SPACE

02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 43-2011549

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, GARY S 321 GLEN CLUB DR DEBARY, FL 32713

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 signatur	gent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
THILE NAME STREET ADDRESS CITY-ST-ZIP	VPDS WRIGHT, GARY S 465 SUMERHAVEN DR., STE C DEBARY, FL 32713				U00000633653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WRIGHT, GARY S 465 SUMERHAVEN DR., STE C DEBARY, FL 32713				02/21/07-80071-004 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE (NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07

(386) 753-028C