


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000136406
 1. Entity Name
THOMAS WRIGHT - FINE WOOD WORK, INC.



Principal Place of Business 3490 MARINERS WAY VERO BEACH, FL 32963	Mailing Address 3490 MARINERS WAY VERO BEACH, FL 32963
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-P CR2E034 (11/05)


4. FEI Number **20-0408052** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WRIGHT, THOMAS G
3490 MARINERS WAY
VERO BEACH, FL 32963

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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
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WRIGHT, THOMAS G 3490 MARINERS WAY VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WRIGHT, THOMAS G 3490 MARINERS WAY VERO BEACH, FL 32963
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12. I hereby 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 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:  **THOMAS G WRIGHT** 1/26/06 772-587-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **FRIS** Date **3724** Daytime Phone #