

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-22-2005 90080 009 ***150.00
P04000118605

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000118605 1. Entity Name WRIGHT STUCCO & DRYWALL, INC.					
Principal Place of Business 1230 AMANDA ST. ALTAMONTE SPRINGS, FL 32701			Mailing Address 1230 AMANDA ST. ALTAMONTE SPRINGS, FL 32701		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 201602046	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WRIGHT, LAWRENCE 1230 AMANDA ST. ALTAMONTE SPRINGS, FL 32701			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when re-registering)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVST		TITLE		
NAME	WRIGHT, LAWRENCE		NAME		
STREET ADDRESS	1230 AMANDA ST.		STREET ADDRESS		
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701		CITY - ST - ZIP		
TITLE	D		TITLE		
NAME	WRIGHT, LAWRENCE		NAME		
STREET ADDRESS	1230 AMANDA ST.		STREET ADDRESS		
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701		CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> JUN 17 2005 <small>Date Daytime Phone #</small> </div>					