
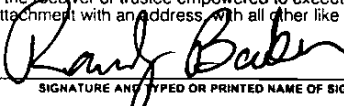


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90064 010 \*\*\*150.00

<b>DOCUMENT # P05000045053</b> 1. Entity Name <b>WRIGHT ENTERPRISES OF JACKSONVILLE, INC.</b>					
Principal Place of Business <b>8275-1 103RD STREET JACKSONVILLE, FL 32210</b>			Mailing Address <b>8275-1 103RD STREET JACKSONVILLE, FL 32210</b>		
2. Principal Place of Business - No P.O. Box # <b>8249 103rd Street</b>		3. Mailing Address <b>8249 103rd Street</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>		4. FEI Number <b>65-1246576</b>	
Zip <b>32210</b>		Country		Applied For Not Applicable	
Zip <b>32210</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>BAKER, RANDY 8436 ROCKRIDGE CT JACKSONVILLE, FL 32244</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BAKER, RANDY</b> <b>8436 ROCKRIDGE CT</b> <b>JACKSONVILLE, FL 32244</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>WRIGHT, ALBERT</b> <b>8939 HECKSCHER DR</b> <b>JACKSONVILLE, FL 32226</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CARLSON, WILLIAM</b> <b>1833 LAKESHORE DR</b> <b>ORANGE PARK, FL 32003</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>THOMAS, VANCE</b> <b>9536 PRINCETON SQUARE BLVD</b> <b>JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			<b>Randy Baker, Director</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2-14-07</b> Daytime Phone # <b>904-898-0527</b>		

Attachment

40024167  
P05000045053

JOHN R. PRIDGEN, C.P.A.  
CHARLES E. BONE, C.P.A.  
CHARLES F. WINNEY, C.P.A.  
RETIRED  
CHARLES N. WOLFE, C.P.A.

JAMES AND HARRIS  
CERTIFIED PUBLIC ACCOUNTANTS  
857 SOUTH EDGEWOOD AVENUE  
JACKSONVILLE, FLORIDA 32205  
(904) 389-2725 FAX (904) 389-3474

MEMBERS OF:  
AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

Wright Enterprises of Jacksonville, Inc.  
ATTN: Mr. Randy Baker  
8249 103rd Street  
Jacksonville, FL 32210

Date January 31, 2007

Enclosed are forms which should be signed, dated and mailed before the date shown below. Remittance should accompany the returns only where indicated.

Form Number	Mail To:	Date	Remit
Uniform Business Report (UBR)	Division of Corporations Uniform Business Report Filings P O Box 1500 Tallahassee, FL 32302-1500	05-01-07	\$ 150.00

(MAKE CHECKS PAYABLE TO: FLORIDA DEPARTMENT OF STATE)

Special instructions, only the items marked X apply to you.

Joint return, must be signed by both husband and wife.

Affix corporate seal.

Credit for overpayment, in the amount of \$\_\_\_\_\_, has been applied against estimated tax for current year.

Refund has been requested for overpayment in the amount of \$\_\_\_\_\_.

X Copy is enclosed for your files.

Other: \_\_\_\_\_

By

