2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000131101 1. Entity Name W. WRIGHT, INC.			FILED 07 SEP 19 AM 10: 08			
Principal Place of Business			n, nt i	and GESTATE		
695 GRANT ROAD Palm Bay, Fl 32909			(ALLAH)	ASSEĒ, FLORIDA	4	
Principal Place of Business - No P.O. Box #						
Suite, Apt. #, etc. Suite, Apt. #, etc.			09142007	Chg-P	CR2E034 (12/06)	
City & State	City & State		4. FEI Numb		No	plied For t Applicable
Zip Country	Zip	Country	5. Certificate	e of Status Desired	See Require	
Name and Address of Current Registered Agent Name Name			7. Name and Address of New Registered Agent			
ALLEN L MILLER ACCNTG 20874 SARNO RD MELBOURNE, FL 32935	Street Address	Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Blvd				
City			elbourne FL 339935			
 The above named entity subdits this statement of the ourpose of changing its registered office or registered agent, the obligations of registered agent. 				oth, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when seinstating) DATE						
FILE NOW!!! FEE IS \$150.0 Due by September 14, 200	1	· · · · · · · · · · · · · · · · · · ·	5.00 May Be ided to Fees	In accordance of corporation did	with s. 607.193(2)(b), not receive the prior r	F.S., the notice.
1	AND DIRECTORS	11.	ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTOR	
NAME WRIGHT, WARREN R JR.	☐ Delete	NAME	-=::	and the second	Change	Addition
STREET ADDRESS 695 GRANT ROAD CITY-ST-ZIP PALM BAY, FL 32909		STREET ADDRESS CITY-ST-ZIP	09/2	5/0701019	380583 002 **!50.	00
TITLE VD NAME WRIGHT, WARREN R SR.	☐ Delete	TITLE :			☐ Change	☐ Addition
STREET ADDRESS 3455 WEST SHORE DRIVE CITY-ST-ZIP SAINT CLOUD, FL 34772		STREET ADDRESS CITY-ST-ZIP				
TITLE SD NAME WRIGHT, SALLY H	☐ Delete	TITLE NAME			☐ Chaпge	☐ Addition
STREET ADDRESS - 695 GRANT ROAD		STREET AUDRESS			-	:
TITLE PALM BAY; FL 32909	☐ Delete	CITY-ST-ZIP THTLE			☐ Change	Addition
NAME STREET ADDRESS		NAME STREET ADDRESS				
CITY-ST-ZIP	Delete	CITY-ST-ZIP TITLE			☐ Change	☐ Addition
NAME	121	NAME			Grange	Addition
STREET ADDRESS CITY-ST-ZIP	<u> </u>	STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	☐ Delete	TITLE NAME			Change	Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
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 eath; 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR Date D						