

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000144528**

1. Entity Name  
WRIGHT WAY WALLCOVERING, INC.



Principal Place of Business  
3865 WINSTON ROAD  
DELAND, FL 32720

Mailing Address  
3865 WINSTON ROAD  
DELAND, FL 32720



03312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3885617 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fees Required

**6. Name and Address of Current Registered Agent**

WRIGHT, DANIEL N  
3865 WINSTON ROAD  
DELAND, FL 32720

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

000000894218  
04/24/08-80019-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	WRIGHT, DANIEL N
STREET ADDRESS	3865 WINSTON ROAD
CITY-ST-ZIP	DELAND, FL 32720
TITLE	DT
NAME	WRIGHT, SANDRA J
STREET ADDRESS	3865 WINSTON ROAD
CITY-ST-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Daniel Wright* DANIEL WRIGHT PRESIDENT 4/7/08 386 337 2802