

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000000633**

1. Entity Name  
**WRIGHT INSURANCE AND FINANCIAL SERVICES, INC.**



Principal Place of Business  
**1891 PORTER LAKE DRIVE  
SUITE 103  
SARASOTA, FL 34240 US**

Mailing Address  
**1891 PORTER LAKE DRIVE  
SUITE 103  
SARASOTA, FL 34240 US**



02222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-4042842</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75 Additional Fee Required**

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

**WRIGHT, RICHARD D  
1891 PORTER LAKE DRIVE  
SUITE 103  
SARASOTA, FL 34240**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**U000000649707  
03/07/07-80061-014 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	<b>WRIGHT, RICHARD D 1891 PORTER LAKE DRIVE SUITE 103 SARASOTA, FL 34240</b>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE
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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: *Richard D. Wright, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/07 941 371-6337  
Date Daytime Phone #