

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 07, 2007 8:00 am
Secretary of State

09-07-2007 90001 016 ***150.00

DOCUMENT # P06000694747

1. Entity Name

JOHN WRIGHT PAINTING.CORP



Principal Place of Business

7300 TERRACE DR.
LOT # 11
HUDSON FL 34667
PA

Mailing Address

7300 TERRACE DR.
LOT # 11
HUDSON FL 34667
PA



2. Principal Place of Business - No P.O. Box #

7300 Terrace Dr.

3. Mailing Address

7300 Terrace Dr.

Suite, Apt. #, etc.

Lot # 7

Suite, Apt. #, etc.

Lot # 7

City & State

Hudson FL.

City & State

Hudson FL.

Zip

34667

Country

P.A.

Zip

34667

Country

P.A.

2nd MOORE

CR2E034 (4/07)

4. FEI Number

74-3183524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, JOHN J
7300 TERRACE DR.
LOT #11
HUDSON FL 34667-PA

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
WRIGHT, JOHN J
7300 TERRACE DR.
HUDSON FL 34667 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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NAME
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CITY - ST - ZIP ☐ Change ☐ 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.

SIGNATURE:

John Wright John Wright

8/30/07

727-226-5075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #