2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000011966

1. Entity Name

WRIGHT CONSTRUCTION OF SOUTH FLORIDA, INC.



Secretary of State 02-13-2008 90029 022 ***158.75

FILED Feb 13, 2008 8:00 am

Principal Place of Business

5811 YOUNGQUIST ROAD FT MYERS, FL 33912 Mailing Address

5811 YOUNGQUIST ROAD FT MYERS, FL 33912



02062008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0377456

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EDMAN, FRED M 5811 YOUNGQUIST ROAD FT MYERS, FL 33912

DO NOT WRITE IN THIS SPACE

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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.	, .i		•	<u> </u>		9	. j. 	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan Frust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
10	OFFICERS AND DIREC	CTORS	ik i zvenili.		Market J	98. F. J. J. J.	To the same	
TITLE"	PRES			, 5A #1	r description			
NAME	EDMAN, RONALD M			1 3		16.1 a 4 .		- 10000 m
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CITY-ST-ZIP	FT MYERS, FL 33912							
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NAME	EDMAN, FRED M		1 15g		14 - Kirk (* 1871) 15 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -	ar i	学类数22.19	r e canga ara
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TITLE	SECY		Participate,					. Milderlaid
NAME	EDMAN, RONALD M	<u>-</u> -		20 m		والمستدر المستوا	Andreas Company	400
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CITY-ST-ZIP	FORT MYERS, FL 33912						or supremental	
TITLE	CEO			ng the	ACCENTANT			
NAME	EDMAN, RONALD M			in the state of		-1764004 - 1871 - 1 - 1		
. STREET ADDRESS	5811 YOUNGQUIST ROAD						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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:

FORT MYERS, FL 33912

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

218/08

239-481-5000

Daytime Phone #