

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90029 022 ***158.75

DOCUMENT # P92000011966

1. Entity Name
WRIGHT CONSTRUCTION OF SOUTH FLORIDA, INC.



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 <input checked="" type="checkbox"/>	\$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**

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 reinstating)

DATE _____

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES EDMAN, RONALD M 5811 YOUNGQUIST ROAD FT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP EDMAN, FRED M 5811 YOUNGQUIST ROAD FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECY EDMAN, RONALD M 5811 YOUNGQUIST ROAD FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA EDMAN, FRED M 5811 YOUNGQUIST ROAD FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO EDMAN, RONALD M 5811 YOUNGQUIST ROAD FORT MYERS, FL 33912
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: Donald Edman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/08
Date

239-481-5000
Daytime Phone #