

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000016163			
1. Entity Name MARVIN M. WRIGHT, INC.		Principal Place of Business 1017 MCDUFF AVE N. JACKSONVILLE FL 32254	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO BOX 6374 JACKSONVILLE FL 32236-6374 US	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3170999		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, MARVIN 1930 COULEE AVE JACKSONVILLE FL 32210		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 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. <input checked="" type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WRIGHT, MARVIN M SR 12923 WEST BEAVER ST JACKSONVILLE FL 32220 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000574056 08/11/06-80001-006 150.00
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2nd MOORE CR2E034 (4/06)

SIGNATURE: *Marvin Wright* *Mark White (Pres)* *7/7/06* *904-387-3135*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #