



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90061 002 \*\*\*150.00

<b>DOCUMENT # P93000045723</b> 1. Entity Name <b>WRIGHTSON ENTERPRISES INC.</b>					
Principal Place of Business <b>141 N ROSEBUSH POINT LECANTO, FL 34461</b>				Mailing Address <b>141 N ROSEBUSH POINT LECANTO, FL 34461</b>	
2. Principal Place of Business - No P.O. Box # <b>5174 E CLAYRE LN</b> Suite, Apt. #, etc.		3. Mailing Address <b>5174 E CLAYRE LN</b> Suite, Apt. #, etc.			
City & State <b>INVERNESS, FL</b>		City & State <b>INVERNESS, FL</b>		4. FEI Number <b>59-3176339</b>	
Zip <b>34452</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WRIGHTSON, DIRK 141 N ROSEBUSH POINT LECANTO, FL 34461</b>				7. Name and Address of New Registered Agent Name <b>MARK S. WRIGHTSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>5174 E CLAYRE LN.</b> City <b>INVERNESS</b> <b>FL</b> Zip Code <b>34452</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WRIGHTSON, MARK S 5174 E CLAYRE LANE INVERNESS, FL 34452		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD WRIGHTSON, DAWN W 5174 E CLAYRE LANE INVERNESS, FL 34452		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Mark Wrightson</u> <b>MARK S WRIGHTSON</b> <b>4/8/08</b> <b>352 220 2883</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					