


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90041 048 ***150.00

DOCUMENT # P95000018909	
1. Entity Name THE WRIGHT WAY MANAGEMENT INC.	

Principal Place of Business 6710 ELLENTON GILLATTE RD #175 PALMETTO FL 34221 US	Mailing Address P.O. BOX 518 PALMETTO FL 34221-0518 US
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2. Principal Place of Business 2215-73rd St. E. Suite, Apt. #, etc. #013 City & State Palmetto FL Zip 34221 Country USA	3. Mailing Address P.O. Box 518 Suite, Apt. #, etc. # City & State Palmetto, FL Zip 34220-0518 Country USA
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MOORE CR2E034 (11/03)

4. FEI Number 59-3297498	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, EDNA C 6710 ELLENTON GILLETTE RD #175 PALMETTO FL 34221	
7. Name and Address of New Registered Agent Name Wright, Edna C. Street Address (P.O. Box Number is Not Acceptable) 2215-73rd St. E. #013 City Palmetto FL Zip Code 34221	

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 \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WRIGHT, EDNA C 6710 ELLENTON GILLETTE RD #175 PALMETTO FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Wright, Edna C. 2215-73rd St. E. #013 Palmetto, FL 34221 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MCKENNY, KANDICE K 237 41ST AVE ST PETERSBURG FL 33706 <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
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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 exemption stated in Section 119.07(3)(i), 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: Edna C. Wright  **3-3-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #