

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000018909**

**1. Entity Name**  
**THE WRIGHT WAY MANAGEMENT INC.**



**Principal Place of Business**  
**2215 -73RD ST. E .**  
**#013**  
**PALMETTO, FL 34221 US**

**Mailing Address**  
**P.O. BOX 518**  
**PALMETTO, FL 34220-0518 US**

**DO NOT WRITE IN THIS SPACE**



02052006 No Chg-P CR2E034 (11/05)

|                                                                                                        |                                             |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <b>4. FEI Number</b><br><b>59-3297498</b>                                                              | <b>Applied For</b><br><b>Not Applicable</b> |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                             |

**6. Name and Address of Current Registered Agent**

**WRIGHT, EDNA C**  
**2215 73RD ST. E.**  
**#013**  
**PALMETTO, FL 34221**

**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 resigning) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be**  
**Trust Fund Contribution.** **Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                        |                                |
|------------------------|--------------------------------|
| <b>TITLE</b>           | <b>DP</b>                      |
| <b>NAME</b>            | <b>WRIGHT, EDNA C</b>          |
| <b>STREET ADDRESS</b>  | <b>2215 73RD ST E #013</b>     |
| <b>CITY - ST - ZIP</b> | <b>PALMETTO, FL 34221</b>      |
| <b>TITLE</b>           | <b>DST</b>                     |
| <b>NAME</b>            | <b>MCKENNY, KANDICE K</b>      |
| <b>STREET ADDRESS</b>  | <b>237 41ST AVE</b>            |
| <b>CITY - ST - ZIP</b> | <b>ST PETERSBURG, FL 33706</b> |
| <b>TITLE</b>           |                                |
| <b>NAME</b>            |                                |
| <b>STREET ADDRESS</b>  |                                |
| <b>CITY - ST - ZIP</b> |                                |
| <b>TITLE</b>           |                                |
| <b>NAME</b>            |                                |
| <b>STREET ADDRESS</b>  |                                |
| <b>CITY - ST - ZIP</b> |                                |
| <b>TITLE</b>           |                                |
| <b>NAME</b>            |                                |
| <b>STREET ADDRESS</b>  |                                |
| <b>CITY - ST - ZIP</b> |                                |

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**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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**