2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000018909

1. Entity Name
THE WRIGHT WAY MANAGEMENT INC.

Principal Place of Business	Mailing Address
2215 -73RD ST. E . #013 PALMETTO, FL 34221 US	P.O. BOX 518 PALMETTO, FL 34220-0518 US

DO NOT WRITE IN THIS SPACE

01062007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3297498	●	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WRIGHT, EDNA C
STREET ADDRESS	2215 73RD ST E #013
CITY-ST-ZIP	PALMETTO, FL 34221

TITLE	DST
NAME	MCKENNY, KANDICE K
STREET ADDRESS	237 41ST AVE
CITY-ST-ZIP	ST PETERSBURG, FL 33706

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000663922
03/22/07 80023-017 150.00

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 # _____