

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # P97000049478

1. Entity Name
**THE WRIGHT REAL ESTATE COMPANY OF FLORIDA,
INC.**



Principal Place of Business
**176 35 GULF BLVD
REDINGTON SHORES, FL 33708**

Mailing Address
**176 35 GULF BLVD
SUITE D
REDINGTON SHORES, FL 33708**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3445012

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, CYNTHIA
8097 140 STREET NORTH
SEMINOLE, FL 33776**

**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)

JAN 25, 2004

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PST
WRIGHT, CYNTHIA
8097 140 STREET NORTH
SEMINOLE, FL 33776**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
WRIGHT, N. LESLIE
8097 140 STREET NORTH
SEMINOLE, FL 33776**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

000000019860
01/29/04-80041-022 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 25, 2004 727398 7700

Daytime Phone #

X25