

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 02, 2005 8:00 am
Secretary of State**

08-19-2005 90007 036 ***550.00

DOCUMENT # P97000096985

1. Entity Name

WRIGHT BUILDING SYSTEMS, INC.



Principal Place of Business

**1239 HOLLY SPRINGS CIRCLE
ORLANDO, FL 32825**

Mailing Address

**1239 HOLLY SPRINGS CIRCLE
ORLANDO, FL 32825**

DO NOT WRITE IN THIS SPACE



07012005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3477938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WRIGHT, C. LEE
1239 HOLLY SPRINGS CIRCLE
ORLANDO, FL 32825**

**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 retaking)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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
**PTD
WRIGHT, C. LEE
1239 HOLLY SPRINGS CIRCLE
ORLANDO, FL 32825**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
WRIGHT, CAROL
1239 HOLLY SPRINGS CIRCLE
ORLANDO, FL 32825**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-30-05 407-719-6225