


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90097 048 ***158.75

DOCUMENT # P98000021675 1. Entity Name WRIGHT TRANSPORTATION, INC.					
Principal Place of Business 6554 WEST FIFTH STREET JACKSONVILLE, FL 32254			Mailing Address 6554 WEST FIFTH STREET JACKSONVILLE, FL 32254		
2. Principal Place of Business - No P.O. Box # 214 ANNE AVE		3. Mailing Address Suite, Apt. #, etc.			
City & State Jacksonville Florida		City & State Suite, Apt. #, etc.		4. FEI Number 59-3504543	
Zip 32254		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, MERLIE A 1042 ODESSA DR EAST JACKSONVILLE, FL 32254				7. Name and Address of New Registered Agent Name Charles C Cassidy Jr Street Address (P.O. Box Number is Not Acceptable) 6554 W 5TH ST. City JACKSONVILLE FL Zip Code 32254	
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 <u>Charles C Cassidy Jr</u> Charles C. Cassidy Jr C.S. 3/8/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WRIGHT, RUBIN P 6554 WEST FIFTH STREET JACKSONVILLE, FL 32254		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WRIGHT, REUBEN A 6554 WEST FIFTH STREET JACKSONVILLE, FL 32254		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CASSIDY, CHARLES C 6554 WEST FIFTH STREET JACKSONVILLE, FL 32254		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corp Sec <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WRIGHT, MERLIE A 6554 WEST FIFTH STREET JACKSONVILLE, FL 32254		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corp Tres <input checked="" 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	
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 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: <u>Charles C Cassidy Jr</u> Charles C. Cassidy Jr C.S. 3/8/07 904-786-7090 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					