

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000021675

1. Entity Name  
WRIGHT TRANSPORTATION, INC.



Principal Place of Business  
214 ANNE AVE  
JACKSONVILLE, FL 32254

Mailing Address  
6554 WEST FIFTH STREET  
JACKSONVILLE, FL 32254

**FILED**  
**Jul 10, 2008 08:00 AM**  
**Secretary of State**



07072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3504543

Applied For  
Not Applicable

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

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

CASSIDY, CHARLES C JR  
6554 W 5TH ST.  
JACKSONVILLE, FL 32254

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WRIGHT, RUBIN P
STREET ADDRESS	6554 WEST FIFTH STREET
CITY-STATE-ZIP	JACKSONVILLE, FL 32254
TITLE	V
NAME	WRIGHT, REUBEN A
STREET ADDRESS	6554 WEST FIFTH STREET
CITY-STATE-ZIP	JACKSONVILLE, FL 32254
TITLE	S
NAME	CASSIDY, CHARLES C
STREET ADDRESS	6554 WEST FIFTH STREET
CITY-STATE-ZIP	JACKSONVILLE, FL 32254
TITLE	T
NAME	WRIGHT, MERLIE A
STREET ADDRESS	6554 WEST FIFTH STREET
CITY-STATE-ZIP	JACKSONVILLE, FL 32254
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U000000953980  
07/10/08-80007-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Merlie A. Wright (Treasurer)* 7-7-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date