## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Apr 28, 2004 8:00 am Secretary of State DOCUMENT # P99000054356 1. Entity Name 04-28-2004 90294 016 \*\*\*150.00 WRIGHT WAY NURSERIES, INC. Principal Place of Business Mailing Address 6383 PARK LN. E. 6383 PARK LN. E. LAKE WORTH FL 33467 AKE WORTH FL 33467 2. Principal Place of Business Mailing Address 10849 Dalman Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number City & State Applied For 65-0938764 Not Applicable Country Zip Country Beach \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WRIGHT, DOROTHY 6383 PARK LN. E. LAKE WORTH FL 33467 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. the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DPS TITLE ☐ Delete TITLE Addition Wright, Dorothy WRIGHT, DOROTHY NAME NAME 10849 DalmanylWay STREET ADDRESS 6383 PARK LN. E. STREET ADDRESS CITY-ST-7IP LAKE WORTH FL 33467 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition WRIGHT, TAYLOR D NAME NAME STREET ADDRESS 6383 PARK LN. E. STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP TITLE TITLE ☐ Delete Change 'Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

FILED

561-239.6983

Daytime Phone #