


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S61991</b> 1. Entity Name <b>THE WRIGHTS' LANDINGS, INC.</b>	
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Principal Place of Business <b>509 SW 3RD AVE FORT LAUDERDALE, FL 33316</b>	Mailing Address <b>P O BOX 21661 FORT LAUDERDALE, FL 33335 US</b>
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**DO NOT WRITE IN THIS SPACE**



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0275919</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, TERRI L  
2424 BARCELONA DR  
FORT LAUDERDALE, FL 33301-1557**

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IN THIS SPACE**

7. 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)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000719514 04/26/07-80096-024 150.00
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10. OFFICERS AND DIRECTORS

TITLE <b>PVD</b>	<b>WRIGHT, JAMES N II</b>
NAME	<b>2424 BARCELONA DR</b>
STREET ADDRESS	<b>FORT LAUDERDALE, FL 333011557</b>
CITY-ST-ZIP	
TITLE <b>STD</b>	<b>WRIGHT, TERRI L</b>
NAME	<b>2424 BARCELONA DRIVE</b>
STREET ADDRESS	<b>FORT LAUDERDALE, FL 333011557</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** *James N. Wright II* **JAMES N. WRIGHT II - PRES.** 4/17/07 954/767-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #