


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90212 005 ***150.00

DOCUMENT # V29823

1. Entity Name
RAY WRIGHT & ASSOCIATES, INC.



Principal Place of Business
**602 WARE BLVD
 TAMPA, FL 33619**

Mailing Address
**602 WARE BLVD
 TAMPA, FL 33619**

40063240



2. Principal Place of Business
606 WARE BLVD

3. Mailing Address
606 WARE BLVD

Suite, Apt. #, etc.

04182006 Chg-P CR2E034 (11/05)

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33619 Country

Zip
33619 Country

4. FEI Number
59-3121515

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**WRIGHT, RAYMOND L
 1708 POND LAKE DR.
 TAMPA, FL 33612**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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 WRIGHT, RAY 1708 POND LAKE DR TAMPA, FL 33612	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WRIGHT, CARLENA 1708 POND LAKE DR TAMPA, FL 33612	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC. TREAS. WRIGHT, CARLENA 1708 POND LAKE DR TAMPA, FL 33612 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WRIGHT, DAVID A. 22223 CHERATON RD BROOKSVILLE, FL 34602	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES. WRIGHT, DAVID A 4455 ORANGE BLOSSOM RD BROOKSVILLE, FL 34601 <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
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: Carlena Wright, CARLENA WRIGHT 4/18/06 813)621-0700

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