


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000116295

1. Entity Name
 WING KING FOUR, INC.



Principal Place of Business
 210 S KINGS AVE
 BRANDON, FL 33511

Mailing Address
 3450 BAYSIDE LAKES BLVD.
 #101-102
 PALM BAY WEST, FL 32909



08092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 03-0499101

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
 701 BRICKELL AVE
 MIAMI, FL 33131

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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 6, 2006

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	MASSARO, J J
STREET ADDRESS	6119 KINGBIRD MANOR DR
CITY-ST-ZIP	LITHIA, FL 33547
TITLE	VP
NAME	MELLODY, JAMES JR
STREET ADDRESS	210 S KINGS AVE STE A
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	S
NAME	MELLODY, SEAN JR
STREET ADDRESS	210 S KINGS AVE STE A
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	T
NAME	MARCHESE, PETER
STREET ADDRESS	P O BOX 2571
CITY-ST-ZIP	BRANDON, FL 33509
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Pete Marchese Pete Marchese - Treas 8/8/06 (321) 953-4600

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