

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # P05000145575

1. Entity Name

ON THE WINGS OF ANGELS, INC.



Principal Place of Business

DBA TROPICAL SMOOTHIE CAFE
10111 SAN JOSE BLVD., #12
JACKSONVILLE, FL 32257

Mailing Address

11521 SUMMER BROOK COURT
JACKSONVILLE, FL 32258



04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

72-1607864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORBITT, PATRICIA
11521 SUMMER BROOK COURT
JACKSONVILLE, FL 32258

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/D
NAME CORBITT, GARY
STREET ADDRESS 11521 SUMMER BROOK COURT
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE VP
NAME CORBITT, GARY
STREET ADDRESS 11521 SUMMER BROOK COURT
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE T/D
NAME CORBITT, PATRICIA
STREET ADDRESS 11521 SUMMER BROOK COURT
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE S
NAME CORBITT, PATRICIA
STREET ADDRESS 11521 SUMMER BROOK COURT
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000701018
04/20/07-80038-021 150.00

**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:

Gary L. Corbitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/07
Date

(904)
880-5161
Daytime Phone #