

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145575

FILED  
Mar 10, 2012  
Secretary of State

**Entity Name:** ON THE WINGS OF ANGELS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

11521 SUMMER BROOK COURT  
JACKSONVILLE, FL 32258

**New Mailing Address:**

**FEI Number:** 72-1607864

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORBITT, PATRICIA  
11521 SUMMER BROOK COURT  
JACKSONVILLE, FL 32258 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: CORBITT, GARY  
Address: 11521 SUMMER BROOK COURT  
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP  
Name: CORBITT, GARY  
Address: 11521 SUMMER BROOK COURT  
City-St-Zip: JACKSONVILLE, FL 32258

Title: T/D  
Name: CORBITT, PATRICIA  
Address: 11521 SUMMER BROOK COURT  
City-St-Zip: JACKSONVILLE, FL 32258

Title: S  
Name: CORBITT, PATRICIA  
Address: 11521 SUMMER BROOK COURT  
City-St-Zip: JACKSONVILLE, FL 32258

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA A CORBITT

S

03/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date