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.

PRESIDENT

SIGNATURE: RALPH FRITZ

Electronic Signature of Signing Officer/Director Detail

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P13000079131

Entity Name: WING ZONE TREASURE COAST, INC.

Current Principal Place of Business:

466 SW PORT SAINT LUCIE BLVD. 106 PORT SAINT LUCIE, FL 34953

Current Mailing Address:

466 SW PORT SAINT LUCIE BLVD. 106 PORT SAINT LUCIE, FL 34953

FEI Number: 20-8259534

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

FRITZ, STEVEN 466 SW PORT SAINT LUCIE BVLD. 106 PORT SAINT LUCIE, FL 34953 US

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:

Officer/Director Detail

Officer/Director Detail :			
Title	Р	Title	VP
Name	RALPH, FRITZ	Name	FRITZ, NONA
Address	466 SW PORT SAINT LUCIE BVLD.	Address	466 SW PORT SAINT LUCIE BVLD.
City-State-Zip:	PORT SAINT LUCIE FL 34953	City-State-Zip:	PORT SAINT LUCIE FL 34953
T '4.			
Title	S		
Name	FRITZ, STEVEN		
Address	466 SW PORT SAINT LUCIE BVLD.		
City-State-Zip:	PORT SAINT LUCIE FL 34953		

FILED Mar 04, 2014 Secretary of State CC6235910481

Certificate of Status Desired: Yes

03/04/2014 Date

Date