Wednesday, January 05, 2005 America Online: WINGSURG

FILED
Jan 10, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 487797

1. Entity Name
WING SURGICAL, P.A.

Principal Place of Business
309 N MANGOUSTINE AVE
SANFORD, FL 32771

Mailing Address
309 N MANGOUSTINE AVE
SANFORD, FL 32771

DO NOT WRITE IN THIS SPACE

01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1623959

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

WING, KENNETH M
309 N MANGOUSTINE AVE
SANFORD, FL 32771

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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 _____ 1/7/05
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000174933
01-10-05-00029-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WING, KENNETH M
STREET ADDRESS	309 N MANGOUSTINE AVE
CITY-ST-ZIP	SANFORD, FL 00000,
TITLE	PST
NAME	WING, KENNETH M
STREET ADDRESS	309 N MANGOUSTINE AVE
CITY-ST-ZIP	SANFORD, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 1/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER DATE