

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90113 028 \*\*\*\*61.25

**DOCUMENT # 723949**

1. Entity Name  
**WING SOUTH, INC.**



Principal Place of Business  
**4310 SKYWAY DRIVE  
NAPLES, FL 34112 US**

Mailing Address  
**P.O. BOX 110156  
NAPLES, FL 34108 US**

**50049573**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2528568**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**WHITE, WILLIAM D  
2310 DELLA DR  
NAPLES, FL 34117**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	ASM	<input type="checkbox"/> Delete
NAME	WHITE, WILLIAM D	
STREET ADDRESS	2310 DELLA DR.	
CITY-ST-ZIP	NAPLES, FL 34117	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MYERS, ROY	
STREET ADDRESS	3874 SKYWAY DR.	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	ETTER, ROBERT	
STREET ADDRESS	3940 SKYWAY DR.	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	LEAGUE, HARRY	
STREET ADDRESS	1701 ROSEHILL DR	
CITY-ST-ZIP	ARLINGTON HEIGHTS, IL 60004	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	LLORA, KAREN	
STREET ADDRESS	4049 SKYWAY DR	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	OROS, JOHN	
STREET ADDRESS	3952 SKYWAY DR	
CITY-ST-ZIP	NAPLES, FL 34112	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Murray, Robert	
STREET ADDRESS	711 Hillside	
CITY-ST-ZIP	Wyandotte, MI 48192	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kaser, James	
STREET ADDRESS	4119 SKYWAY DR.	
CITY-ST-ZIP	Naples, FL 34112	
TITLE	DAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harry, Bob	
STREET ADDRESS	4084 SKYWAY DR.	
CITY-ST-ZIP	Naples, FL 34112	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amore, Joseph	
STREET ADDRESS	125 Stillwater Ct.	
CITY-ST-ZIP	Marco Island, FL 34145	

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 617, 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:** William D. White - **WILLIAM D. WHITE**

**4-30-05**

**239-352-6780**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #