2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# 723949

Entity Name: WING SOUTH, INC.

Current Principal Place of Business:

4310 SKYWAY DRIVE
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMIAMI TRAIL E.
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 59-2528568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, STEPHEN P
4985 E TAMIAMI TRAIL
NAPLES, FL 34113 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: PD ( ) Delete
Name: BOLTON, PETER
Address: 3409 SKYWAY DR
City-St-Zip: NAPLES, FL 34112

Title: VD ( ) Delete
Name: LEROY, TOM
Address: 3965 SKYWAY DR
City-St-Zip: NAPLES, FL 34112

Title: TD ( ) Delete
Name: FAY, JON
Address: 4144 SKYWAY DR
City-St-Zip: NAPLES, FL 34112

Title: DAT ( ) Delete
Name: KASER, JAMES
Address: 4119 SKYWAY DRIVE
City-St-Zip: NAPLES, FL 34113

Title: SD ( ) Delete
Name: FAY, CATHERINE
Address: 4144 SKYWAY DRIVE
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: MURRAY, DAN
Address: 3976 SKYWAY DR
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: HOLDER, STEVEN
Address: 4096 SKYWAY DR
City-St-Zip: NAPLES, FL 34112

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: FAY, JON
Address: 4144 SKYWAY DR
City-St-Zip: NAPLES, FL 34112

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ETTER, ROBERT
Address: 3940 SKYWAY DRIVE
City-St-Zip: NAPLES, FL 34112

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON FAY PD 04/29/2008

Electronic Signature of Signing Officer or Director — Date