

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # F07000003445

1. Entity Name
WISHES ON WINGS, INC.



Principal Place of Business

**4985 DAN SMITH ROAD
ST CLOUD, FL 34771**

Mailing Address

**4985 DAN SMITH ROAD
ST CLOUD, FL 34771**



02202008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1832844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PAGE, THERESA
4985 DAN SMITH ROAD
ST CLOUD, FL 34771**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
PAGE, THERESA
4985 DAN SMITH ROAD
ST CLOUD, FL 34771**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCS
PAGE, TRAVIS
4985 DAN SMITH ROAD
ST CLOUD, FL 34771**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
PIERFY, DAVE
4985 DAN SMITH ROAD
ST CLOUD, FL 34771**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000846528
03/18/08-80032-017 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/08 407-892-1095

Date

Daytime Phone #