


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # K71512  
 1. Entity Name  
 FRANKIE'S WINGS AND THINGS, INC.



Principal Place of Business C/O FRANK CALABRESE 555 GLEN CHEEK DRIVE CAPE CANAVERAL, FL 32920	Mailing Address C/O FRANK CALABRESE 555 GLEN CHEEK DRIVE CAPE CANAVERAL, FL 32920
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**DO NOT WRITE IN THIS SPACE**



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2941472	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CALABRESE, FRANK  
 555 GLEN CHEEK DRIVE  
 CAPE CANAVERAL, FL 32920

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CALABRESE, FRANK 540 PARKSIDE AVENUE MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CALABRESE, MARYELLEN 540 PARKSIDE AVENUE MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HALL, MARY CALABRESE 530 PARKSIDE AVENUE MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FLUGEL, BRIAN 1465 SYKES CREEK DRIVE MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FLUGEL, ELLEN 1465 SYKES CREEK DRIVE MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000155013  
 05/05/04-80020-017 150.00

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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: Brian Flugel Ellen Flugel 4/29/04 331-799-4349  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #