

# 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



03232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2941472

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

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

**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

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

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  
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

**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:

*Brian Flugel* *Ellen Flugel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 331-799-4349  
Date Daytime Phone #