

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 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**



04272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2941472</b>	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**

**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's signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	CALABRESE, FRANK
STREET ADDRESS	540 PARKSIDE AVENUE
CITY - ST - ZIP	MERRITT ISLAND, FL

TITLE	DC
NAME	CALABRESE, MARYELLEN
STREET ADDRESS	540 PARKSIDE AVENUE
CITY - ST - ZIP	MERRITT ISLAND, FL

TITLE	DV
NAME	HALL, MARY CALABRESE
STREET ADDRESS	530 PARKSIDE AVENUE
CITY - ST - ZIP	MERRITT ISLAND, FL

TITLE	DV
NAME	FLUGEL, BRIAN
STREET ADDRESS	1465 SYKES CREEK DRIVE
CITY - ST - ZIP	MERRITT ISLAND, FL

TITLE	DST
NAME	FLUGEL, ELLEN
STREET ADDRESS	1465 SYKES CREEK DRIVE
CITY - ST - ZIP	MERRITT ISLAND, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/02/05-80067-018 150.00

**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

4/21/05  
Date

321-452-1520  
Daytime Phone #