

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90008 039 \*\*\*150.00

**DOCUMENT # L78014**

1. Entity Name

**WINGS OF EAGLES, INC.**



Principal Place of Business

**970 LOGGERHEAD ISLAND DR.  
SATELLITE BEACH FL 32937  
US**

Mailing Address

**970 LOGGERHEAD ISLAND DR.  
SATELLITE BEACH FL 32937  
US**

03010106



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0247243**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRIMO, ANTHONY N  
1581 ROBERT J. CONLAN BLVD., N.E.  
PALM BAY FL 32905**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SCHMIDT, BERT  
STREET ADDRESS ~~400 RED SAIL WAY~~  
CITY-ST-ZIP SATELLITE BEACH FL 32937 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **970 LOGGERHEAD Island Drive**  
CITY-ST-ZIP ☐

TITLE V  
NAME SCHMIDT, NORBERT O  
STREET ADDRESS 970 LOGERHEAD ISLAND DR.  
CITY-ST-ZIP SATELLITE BEACH FL 32937 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **970 LOGERHEAD Island Drive**  
CITY-ST-ZIP ☐

TITLE ST  
NAME SCHMIDT, DONNA  
STREET ADDRESS 970 LOGERHEAD ISLAND DR.  
CITY-ST-ZIP SATELLITE BEACH FL 32937 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **970 LOGERHEAD Island Drive**  
CITY-ST-ZIP ☐

TITLE T  
NAME SCHMIDT-SULLIVAN, CAROL  
STREET ADDRESS 910 N. RIVERSIDE DR.  
CITY-ST-ZIP INDIATLANTIC FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **858 LOGERHEAD Island Drive**  
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:**

*Danney Schmidt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 18 2004*  
Date

*321 777 5481*  
Daytime Phone #