


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 23, 2005 8:00 am
Secretary of State

06-23-2005 90001 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 <div style="text-align: right;">FL</div> <div style="text-align: right;">Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHMIDT, BERT		NAME		
STREET ADDRESS	970 LOGGER HEAD ISLAND DR.		STREET ADDRESS		
CITY - ST - ZIP	SATELLITE BEACH FL 32937		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHMIDT, NORBERT O		NAME		
STREET ADDRESS	970 LOGGER HEAD ISLAND DR.		STREET ADDRESS		
CITY - ST - ZIP	SATELLITE BEACH FL 32937		CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHMIDT, DONNA		NAME		
STREET ADDRESS	970 LOGGER HEAD ISLAND DR.		STREET ADDRESS		
CITY - ST - ZIP	SATELLITE BEACH FL 32937		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHMIDT-SULLIVAN, CAROL		NAME		
STREET ADDRESS	858 LOGGER HEAD ISLAND DR.		STREET ADDRESS		
CITY - ST - ZIP	SATELLITE BEACH FL 32937		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY - ST - ZIP			CITY - ST - ZIP		
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: Donna Schmidt Donna Schmidt 17 g. 05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0247243** Applied For
Not Applicable

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

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SIGNATURE: Donna Schmidt Donna Schmidt 17 g. 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40089212
L78014

Division of Corporations
Annual Report Section
P.O.Box 6850
Tallahassee, FL 32314

17 June 2005

The annual application form was not received. Records for receipt or payment are missing for 04 - we had some paper losses during and after hurricane season. The Satellite Beach postoffice was damaged and there have been some delivery problems. They still operate from a truck.

We thought the 2005 application and payment was filed before May 1st. However, when the boat was returned from the Bahamas where it had sat out hurricane season and we checked bank statements we could not verify the payment and called to check.

They had no record of payment, and in accordance with their instructions we are returning this application, forwarded from your office, and enclosing the check for \$150.

Donna Schmidt
Donna Schmidt
Wings of Eagles, Inc.
970 Loggerhead Is Dr
Satellite Beach, FL 32937.