

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90017 049 \*\*\*\*70.00

DOCUMENT # N98000005338

1. Entity Name

THE KING'S WINGS, INC.



Principal Place of Business

Mailing Address

~~PO BOX 812500~~  
BOCA RATON FL 33481

~~PO BOX 812500~~  
BOCA RATON FL 33481

2. Principal Place of Business - No P.O. Box #

2885 Jupiter Park Drive

3. Mailing Address

PO box 1442

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1600

City & State

City & State

Jupiter, FL

Jupiter, FL

Zip

Country

Zip

Country

33458

US

33468-1442

US

4. FEI Number

65-0881365

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASE, BRUCE E  
10314 DENOEU RD.  
BOYNTON BEACH FL 33437

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, JULIE	
STREET ADDRESS	1901 SHARON STREET	
CITY-STATE-ZIP	BOCA RATON FL 33486	

TITLE	SD	<input type="checkbox"/> Delete
NAME	O'DELL, ROBERT K	
STREET ADDRESS	314 E JEFFERSON ST	
CITY-STATE-ZIP	WHEATON IL 60187	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CARLEN, DANIEL G	
STREET ADDRESS	680 E CONFERENCE DR	
CITY-STATE-ZIP	BOCA RATON FL 33486	

TITLE	PD	<input type="checkbox"/> Delete
NAME	CASE, BRUCE E	
STREET ADDRESS	10314 DENOEU ROAD	
CITY-STATE-ZIP	BOYNTON BEACH FL 33437	

TITLE	VD	<input type="checkbox"/> Delete
NAME	EATON, TIMOTHY	
STREET ADDRESS	900 E INDIAN TOWN RD STE 301	
CITY-STATE-ZIP	JUPITER FL 33477	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hodge, Bruce A	
STREET ADDRESS	900 E Indiantown Rd. Suite 301	
CITY-STATE-ZIP	Jupiter, FL 33477	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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:

*Bruce E. Case* BRUCE E. CASE

4-23-2007

561-745-2917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #