



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000018735 1. Entity Name WINGHOUSE V, INC.		
Principal Place of Business 7491 ULMERTON ROAD B LARGO, FL 33771	Mailing Address 7491 ULMERTON ROAD B LARGO, FL 33771	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KER, CRAWFORD 7491 ULMERTON ROAD B LARGO, FL 33771		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KER, CRAWFORD F 214 HARBORVIEW LANE LARGO, FL 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/14/06</u> Daytime Phone # <u>727-555-2959</u>



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3629918

Applied For
Not Applicable

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

100000521234
05/02/06-80128-002 150.00

**DO NOT WRITE
IN THIS SPACE**