

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90054 029 ***150.00

DOCUMENT # P00000069977

1. Entity Name

TAKE WINGS AND SOAR, INC.



Principal Place of Business

716 50TH AVE. TERR. WEST
BRADENTON FL 34207

Mailing Address

716 50TH AVE. TERR. WEST
BRADENTON FL 34207

2. Principal Place of Business

718 52ND AVE WEST

Suite, Apt. #, etc.

3. Mailing Address

718 52ND AVE WEST

Suite, Apt. #, etc.

City & State

BRADENTON FI

City & State

BRADENTON FI

Zip

34207

Country

MANATEE

Zip

34207

Country

MANATEE

6. Name and Address of Current Registered Agent

HORNYAK, VERA E
357 6TH AVENUE W
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name: GERMER, JIM
Street Address (P.O. Box Number is Not Acceptable): 3639 CORTEZ RD WEST
City: BRADENTON FL Zip Code: 34210

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

JIM G GERMER CPA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-04

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DRURY-HITES, EILEEN C	
STREET ADDRESS	716 50TH AVE TERR W	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE		<input type="checkbox"/> Delete
NAME	718 52ND AVE WEST	
STREET ADDRESS	BRADENTON FI 34207	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Calvin Carter Drury Hites 1-29-04 1-941-7392013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #