


FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000011514			
1. Entity Name A WING OF PANAMA CITY, INC.			
Principal Place of Business 3960 WEST NAVY BLVD #39 A PENSACOLA, FL 32507		Mailing Address 3960 WEST NAVY BLVD #39 A PENSACOLA, FL 32507	
DO NOT WRITE IN THIS SPACE			
		03042006 No Chg-F CR2E034 (11/05)	
		4. FEI Number 59-3697666	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE	
BURKE, LES W 221 MCKENZIE AVENUE PANAMA CITY, FL 32401			
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 _____ DATE _____ <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, 2008 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		 03/28/06-80015-018 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
D ARMSTRONG, LARRY 518 BUNKERS COVE ROAD PANAMA CITY, FL 32401			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D ARMSTRONG, PARKER 518 BUNKERS COVE ROAD PANAMA CITY, FL 32401			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		3/14/06 (850) 258-1006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone if	