## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 10, 2007 8:00 am Secretary of State

DOCUMENT # P01000011514  1. Entity Name A WING OF PANAMA CITY, INC.								05-10-2007 9	90021 04	49 ***550	0.00	
Principal Place of Business Mailing Address							4010	9424				
3960 WEST NAVY BLVD 3960 WEST NAVY BLVD							4010	•				
#39 A #39 A				Α								
PENSACOLA, FL 32507 PENSACOLA, FL 32507						-		BYIĞI TIĞTI ORIN GASIL ABLI		IR I 8118) 21836 813	titel n itt	
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt.	Suite, Apt. #, etc.			04122007	Chg-P	CR2E0	34 (12/06)		
City & State			City & State	City & State			4. FEI Number Applied For 59-3697666 Not Applicable					
Zip		Country	Zip	Zip Count			5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current			t Registered Age	legistered Agent			7. Name and Address of New Registered Agent					
						Name						
BURKE, LES W 221 MCKENZIE AVENUE PANAMA CITY, FL 32401						Street Address (P.O. Box Number is Not Acceptable)						
	J	02.10.								·		
						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 purged name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE												
FILE NOWILL FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Added to Fees												
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11			
TITLE	D			] Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS		ONG, LARRY			NAM							
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP						
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CITY-ST-ZIP	PANAMA	CITY, FL 32401			CITY	ST-ZIP						
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CITY-ST-ZIP			and the filter of the state of	not over!! ! !		-ST-ZIP	d in Charter 110	Florido Statutos	further act	lifu that that	ntormation	
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 of 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 chapter with an address, with all other like among wered.												

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR