

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000015244

1. Entity Name
GREAT WINGS, INC.



Principal Place of Business
**571 GRAND CAYMAN CIR
LAKELAND, FL 33803**

Mailing Address
**571 GRAND CAYMAN CIR
LAKELAND, FL 33803**

FILED
Mar 15, 2006 08:00 AM
Secretary of State



01222006 No Chg-P CR2ED34 (11/05)

4. FEI Number **59-3706320** ☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VINCENT, BRYAN G
571 GRAND CAYMAN CIR
LAKELAND, FL 33803**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	VINCENT, BRYAN G
STREET ADDRESS	571 GRAND CAYMAN CIR
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	SD
NAME	ADAMS, LINDA E
STREET ADDRESS	571 GRAND CAYMAN CIR
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000468204
03/24/06-80021-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #