


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 30, 2005 08:00 AM  
Secretary of State**

DOCUMENT # P01000029703 1. Entity Name FLYERS WINGS AND GRILL FRANCHISE SYSTEMS INC.	
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Principal Place of Business 5621 W COLONIAL DR ORLANDO, FL 32808	Mailing Address 5621 W COLONIAL DR ORLANDO, FL 32808
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DO NOT WRITE IN THIS SPACE



03242005 No Chg-P CR2E034 (10/03)

4. FEI Number 30-0057957	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

MATTIOLI, FRANK  
3370 HORSE SHOE BEND CT  
LONGWOOD, FL 32779

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTIOLI, FRANK 3370 HORSESHOE BEND CT LONGWOOD, FL 32779
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03/30/05-80022-022 150.00

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:** Frank Mattioli \_\_\_\_\_ Date 03-28-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #