2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State
04-14-2004 90034 044 ***150.00

DOCUMENT # P01000070672

1. Entity Name
WINGSPREAD OF FLORIDA, INC.

Principal Place of Business
3919 HORATIO
TAMPA, FL 33609

Mailing Address
405 S DALE MABRY
311
TAMPA, FL 33609

2. Principal Place of Business: 405 S. Dale Mabry
Suite, Apt. #, etc.: #311
City & State: Tampa, FL
Zip: 33609 Country: —

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04122004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3732737 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
MIERZWINSKI, GREGORY E
1 BAHAMA CIR.
TAMPA, FL 33606

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ☐ Delete	TITLE	DP ☒ Change ☐ Addition
NAME	WEESE, CALVIN	NAME	CALVIN T. WEESE
STREET ADDRESS	3919 HORATIO	STREET ADDRESS	4620 W. SUNSET BLVD.
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	TAMPA, FL 33629
TITLE	DST ☐ Delete	TITLE	DST ☒ Change ☐ Addition
NAME	WEESE, COLLEEN	NAME	Colleen Weese
STREET ADDRESS	3919 HORATIO	STREET ADDRESS	4620 W. SUNSET BLVD.
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	TAMPA, FL 33629
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Colleen M. Weese — Colleen M. Weese DST — 4/12/04 — 813-839-5560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #