

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2004 8:00 am
Secretary of State

04-07-2004 90004 044 ***150.00

DOCUMENT # P01000112799

1. Entity Name
CHP-WINGS, INC.



Principal Place of Business
200 NORTH THORNTON AVENUE
ORLANDO, FL 32801-2164

Mailing Address
200 NORTH THORNTON AVENUE
ORLANDO, FL 32801-2164

66422636



02192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0004114

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

R. PATRICK PHILLIPS, ESQUIRE
200 NORTH THORNTON AVENUE
ORLANDO, FL 32801-2164

**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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|-----------------|--|
| TITLE | D |
| NAME | MULLER, ALFRED |
| STREET ADDRESS | OBERFELDRING 2 8905 ARNVA |
| CITY - ST - ZIP | SWITZERLAND, |
| TITLE | D |
| NAME | HUBNER, PETER |
| STREET ADDRESS | SEEWAEDELSTR.30 8910 AFFOLTERN AM ALBISZ |
| CITY - ST - ZIP | SWITZERLAND, |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 supplementary 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

DIRECTOR

5/10/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #