

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000018647

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**Entity Name:** WINGED WILDLIFE CONTROL, INC

**Current Principal Place of Business:**

1514 SW ABACUS AVE  
PORT ST LUCIE, FL 34953 66

**New Principal Place of Business:**

1514 SW ABACUS AVE  
PORT ST LUCIE, FL 34953 US

**Current Mailing Address:**

1514 SW ABACUS AVE  
PORT ST LUCIE, FL 34953 66

**New Mailing Address:**

PO BOX 766  
PALM CITY, FL 34991 US

**FEI Number:** 04-3606440

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOZONE, DANIEL G  
1514 SW ABACUS AVE  
PORT ST LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BOZONE, DANIEL G  
Address: 1514 SW ABACUS AVE  
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL G BOZONE

PRES

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date