

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093560

FILED  
Apr 19, 2005  
Secretary of State

Entity Name: WING WAXERS OF SOUTH FLORIDA, INC.

## Current Principal Place of Business:

LAKELAND LINDER AIRPORT  
STE 4  
LAKELAND, FL 33811

## New Principal Place of Business:

3760 AIRFIELD DR. W  
LAKELAND LINDER REGIONAL AIRPORT  
LAKELAND, FL 33811

## Current Mailing Address:

3434 AIRFIELD DR W  
BOX #3  
LAKELAND, FL 33811

## New Mailing Address:

3760 AIRFIELD DR. W  
LAKELAND LINDER REGIONAL AIRPORT  
LAKELAND, FL 33811

FEI Number: 22-3071288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FORD, SYLVIA  
1500 W HIGHLAND ST #220  
LAKELAND, FL 33815 US

## Name and Address of New Registered Agent:

FORD, SYLVIA  
1500 W HIGHLAND ST  
220  
LAKELAND, FL 33815 US

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:

04/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: FORD, BARRY  
Address: 3434 AIRFIELD DR W STE 4  
City-St-Zip: LAKELAND, FL 33811

Title: TS ( ) Delete  
Name: FORD, SYLVIA  
Address: 3434 AIRFIELD DR W STE 4  
City-St-Zip: LAKELAND, FL 33811

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: FORD, BARRY S  
Address: 3760 AIRFIELD DR. W  
City-St-Zip: LAKELAND, FL 33811

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BARRY S FORD

DP

04/19/2005

Electronic Signature of Signing Officer or Director

Date