FILED
Jun 20, 2005 8:00 am
Secretary of State

06-13-2005 90006 030 ***150.00
06-20-2005 90002 018 ***400.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000047516

1. Entity Name
T & J WINGS INC.

Principal Place of Business	Mailing Address
58 COMMERCIAL WAY SPRING HILL, FL 34606	58 COMMERCIAL WAY SPRING HILL, FL 34606

08092005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1546 U.S. Highway 41 N	1546 U.S Highway 41 N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Inverness, Fl	City & State: Inverness, Fl
Zip: 34450 Country: USA	Zip: 34450 Country: USA

4. FEI Number 57-1164815 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARCI, JAMES
58 COMMERCIAL WAY
SPRING HILL, FL 34606

7. Name and Address of New Registered Agent

Name: Terry Tetzlaff
Street Address (P.O. Box Number is Not Acceptable): 4394 S. William Ave
City: Inverness FL Zip Code: 34452

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] DATE: 6/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TETZLAFF, TERRY 13187 CORONADO DRIVE SPRING HILL, FL 34609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Tetzlaff, Terry 4394 S. William Ave Inverness, Fl 34452 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MESSENGER, JANE 13187 CORONADO DRIVE SPRING HILL, FL 34609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Messenger, Jane 4394 S. William Ave Inverness, Fl 34452 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 6/1/05 352-726-5665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #