


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90019 029 \*\*\*150.00

DOCUMENT # P04000018387			
1. Entity Name WING DEPOT, INC.			
Principal Place of Business 6243 SYRINGA LANE JACKSONVILLE, FL 32211		Mailing Address 6243 SYRINGA LANE JACKSONVILLE, FL 32211	
2. Principal Place of Business - No P.O. Box # <i>3545 Hoover Lane</i>		3. Mailing Address <i>3545 Hoover Lane</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Jacksonville, FL</i>		City & State <i>Jacksonville, FL</i>	
4. FEI Number 90-0147909	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LODGE, TERRY R 6243 SYRINGA LANE JACKSONVILLE, FL 32211		7. Name and Address of New Registered Agent Name <i>Lodge, Terry R</i> Street Address (P.O. Box Number is Not Acceptable) <i>3545 Hoover Lane</i> City <i>Jacksonville</i> FL Zip Code <i>32277</i>	
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 <input checked="" type="checkbox"/> 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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST LODGE, TERRY R 6243 SYRINGA LANE JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PVST</i> <i>Lodge, Terry R</i> <i>3545 Hoover Lane</i> <i>Jacksonville, FL 32277</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LODGE, TERRY R 6243 SYRINGA LANE JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>D</i> <i>Lodge, Terry R</i> <i>3545 Hoover Lane</i> <i>Jacksonville, FL 32277</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Terry Lodge</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>11/14/08</i> <i>9047437467</i> Date Daytime Phone #	