2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2007 08:00 A Secretary of State **DOCUMENT # P04000097302** 1. Entity Name WINGS OF EAGLES COURT DOCUMENTS INC. ক্ৰান্ত 1 পট্ট হ ভিন্ত স্থিতি 32.29236576 Principal Place of Business Mailing Address 4573 ONTARIO DRIVE 4573 ONTARIO DRIVE NEW PORT RICHEY: FL 34652 US NEW PORT RICHEY; FL: 34652 ESPERATORIA SECTIONAL 04092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0187450 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STAMBAUGH, JUDY C DO NOT WRITE 4573 ONTARIO DRIVE NEW PORT RICHEY, FL 34652 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007, Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE, STAMBAUGH, JUDY C NAME STREET ADDRESS **4573 ONTARIO DRIVE** CITY-ST-ZIP NEW-PORT RICHEY, FL 34652 U000000714769 TITLE 04/27/07-80036-018 150.00 NAMÉ STAMBAUGH, JUDY C STREET ADDRESS **4573 ONTARIO DRIVE** CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STAMBAUGH, GLEN B STREET ADDRESS 4573 ONTARIO DRIVE DO NOT WRITE CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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: CK # 1883

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