

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90197 025 ***150.00

40083336



04242007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000142599 1. Entity Name W C WINGS, INC.			
Principal Place of Business 8051 SHENANDOAH RUN WESLEY CHAPEL, FL 33544-5434		Mailing Address 8051 SHENANDOAH RUN WESLEY CHAPEL, FL 33544-5434	
2. Principal Place of Business - No P.O. Box # 11660 Bruce B Downs Blvd		3. Mailing Address 11660 Bruce B Downs Blvd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Wesley Chapel, FL		City & State Wesley Chapel, FL	
Zip 33543		Zip 33543	
Country U.S.		Country U.S.	
4. FEI Number 61-1495421		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 BAILEY, GARY D 8051 SHENANDOAH RUN WESLEY CHAPEL, FL 33544-5434		7. Name and Address of New Registered Agent Name Jeff MARTIN Street Address (P.O. Box Number is Not Acceptable) 31733 Inkley Court City Wesley Chapel FL Zip Code 33544	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PSD BAILEY, GARY D 8051 SHENANDOAH RUN WESLEY CHAPEL, FL 335445434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, JEFF 8051 SHENANDOAH RUN WESLEY CHAPEL, FL 335445434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/24/07 Daytime Phone # 813-989-7744	