


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90006 036 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P06000075250</b>            |  |
| 1. Entity Name<br><b>WING BLING CORP.</b> |   |

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|--|--|
| Principal Place of Business<br><b>2109 W. MELLINE LANE<br/>LECANTO, FL 34461</b> | Mailing Address<br><b>2109 W. MELLINE LANE<br/>LECANTO, FL 34461</b> |
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40061000



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|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>5420 S. Peridot Point</b> | 3. Mailing Address<br><b>5420 S. Peridot Point</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                                |

02242007 Chg-P CR2E034 (12/06)

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|--|--|
| City & State<br><b>Floral City, FL</b> | City & State<br><b>Floral City, FL</b> |
| Zip<br><b>34436</b>                    | Zip<br><b>34436</b>                    |
| Country<br><b>Citrus</b>               | Country<br><b>Citrus</b>               |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>63-1230331</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>DAVIS, BRADLEY J ESQUIRE<br/>100 TECHNOLOGY PARK<br/>SUITE 170<br/>LAKE MARY, FL 32746</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
|--|---|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>RUBIN, MICHAEL D<br>6635 EAST TURNER CAMP ROAD<br>INVERNESS, FL 34453 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>JEFFERS, GARLAND D<br>2109 W. MELLINE LANE<br>LECANTO, FL 34461 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S,T<br>JEFFERS, PATRICIA R<br>2109 W. MELLINE LANE<br>LECANTO, FL 34461 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Garland D. Jeffers* **Garland D. Jeffers 2-28-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (352) 536-7181