

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048686

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: JUST WINGS AND A FEW OTHER THINGS INC.

## Current Principal Place of Business:

1600 N. FEDERAL HWY  
#6  
BOYNTON BCH, FL 33435

## New Principal Place of Business:

## Current Mailing Address:

1600 N. FEDERAL HWY  
#6  
BOYNTON BCH, FL 33435

## New Mailing Address:

FEI Number: 42-1728721

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAMILTON, CARLTON L  
194 ORANGE DR.  
BOYNTON BCH., FL 33436 US

## Name and Address of New Registered Agent:

BOYD, SARA Y  
3491 ORANGE ST  
BOYNTON BCH., FL 33435 US

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.

SIGNATURE: SARA BOYD

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BOYD, SARA Y  
Address: 3491 ORANGE ST.  
City-St-Zip: BOYNTON BCH., FL 33435

Title: VP ( ) Delete  
Name: HAMILTON, CARLTON L  
Address: 194 ORANGE DR.  
City-St-Zip: BOYNTON BCH., FL 33436

Title: TRES ( ) Delete  
Name: SOLOMON, HOMER A JR.  
Address: 130 MENTONE RD.  
City-St-Zip: BOYNTON BCH., FL 33435

Title: SEC (X) Delete  
Name: WATKINS, MAURICE  
Address: 4141 NW 21ST STR #102  
City-St-Zip: LAUDERHILL, FL 33313

Title: MGR (X) Delete  
Name: BOYD, DAVIS  
Address: 3491 ORANGE ST  
City-St-Zip: BOYNTON BCH, FL 33435

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: BOYD, DAVIS J  
Address: 3491 ORANGE ST  
City-St-Zip: BOYNTON BCH., FL 33435

Title: VP (X) Change ( ) Addition  
Name: WATKINS, MAURICE D  
Address: 4141 NW 21ST STR#102  
City-St-Zip: LAUDERHILL, FL 33313

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA BOYD

P

04/21/2008

Electronic Signature of Signing Officer or Director

Date