

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000043688

FILED
Feb 18, 2011
Secretary of State

Entity Name: WINGING IT WITH WING SLINGERS, INC

Current Principal Place of Business:

2017 SEAWAY DR
FT PIERCE, FL 34949

New Principal Place of Business:

Current Mailing Address:

13241 BARTRAM PARK BLVD
SUITE 221
JACKSONVILLE, FL 32258 FL

New Mailing Address:

150 WARREN CIRCLE
SUITE 4
SAINT JOHNS, FL 32259 FL

FEI Number: 27-2623351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLUBA, ROB J PRES
13241 BARTRAM PARK BLVD
SUITE 221
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

KLUBA, ROB J PRES
150 WARREN CIRCLE
SUITE 4
SAINT JOHNS, FL 32259 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: ROB KLUBA

02/18/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: KLUBA, ROB J
Address: 150 WARREN CIRCLE SUITE 4
City-St-Zip: SAINT JOHNS, FL 32259 US

Title: D
Name: KLUBA, KRISTI
Address: 150 WARREN CIRCLE SUITE 4
City-St-Zip: SAINT JOHNS, FL 32259 US

Title: VP
Name: O'CONNOR, ALLISON
Address: 150 WARREN CIRCLE SUITE 4
City-St-Zip: SAINT JOHNS, FL 32259 US

Title: SEC
Name: TURK, BONNIE
Address: 150 WARREN CIRCLE SUITE 4
City-St-Zip: SAINT JOHNS, FL 32259 US

I hereby 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 all other like empowered.

SIGNATURE: ROB KLUBA

DP

02/18/2011

Electronic Signature of Signing Officer or Director

Date