

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P94000093979

1. Entity Name

JUST WINGING IT, INC.



**FILED  
Apr 20, 2004 8:00 am  
Secretary of State**

04-20-2004 90039 048 \*\*\*150.00

Principal Place of Business

1120 CLIPPERS WAY  
TARPON SPRINGS FL 34689

Mailing Address

GEORGE N KLINIS, P.A.  
27 E ORANGE STR.  
TARPON SPRINGS FL 34689  
US

2. Principal Place of Business

1120 CLIPPERS WAY

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

FL 34689

Zip

34689

Country

Zip

Country

4. FEI Number

59-3287517

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KLINIS, GEORGE N  
27 E ORANGE STR.  
TARPON SPRINGS FL 34689

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S  
NAME HAMPL, DORI V  
STREET ADDRESS 1120 CLIPPERS WAY  
CITY-ST-ZIP TARPON SPRINGS FL 34689

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

President  
HAMPL, Dori V  
1120 CLIPPERS WAY  
TARPON SPRINGS, FL 34689

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

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CITY-ST-ZIP

Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Dori V. Hampl, President* Dori V. Hampl, President 4/16/04 727-942-9612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #