


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000082860**  
 1. Entity Name  
**FLYERS WINGS & GRILL, INC.**



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 5621 WEST COLONIAL DRIVE 5621 WEST COLONIAL DRIVE  
 ORLANDO, FL 32808-7613 ORLANDO, FL 32808-7613

**DO NOT WRITE IN THIS SPACE**



03122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3340661 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
 MATTIOLI, MILLIE  
 5621 WEST COLONIAL DRIVE  
 ORLANDO, FL 32808-7613

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PV
NAME	MATTIOLI, MILLIE
STREET ADDRESS	5621 WEST COLONIAL DRIVE
CITY-ST-ZIP	ORLANDO, FL 328087613
TITLE	TS
NAME	MATTIOLI, FRANK
STREET ADDRESS	5621 WEST COLONIAL DRIVE
CITY-ST-ZIP	ORLANDO, FL 328087613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

100000231376  
 03/30/05-80359-023 150.00

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: Frank Mattioli Date 03-28-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #