2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPORT					Mar 30, 2005 08:00				
DOCUMENT # P95000082860					Se	cret	ary of S	Stat	
1. Entity Name FLYERS WINGS & GRILL, INC.							•		
TETERS	WINGS & GIVIEL, INC.			}					
Principal Plan	ce of Business	Mailing Address	Show the	1					
5621 WEST COLONIAL DRIVE 5621 WES		5621 WEST COLONIAL DRIVE							
ORLANDO, F	FL 32808-7613	ORLANDO, FL 32808-7613		İ					
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	O NOT WRITE	in This spa	CE	4. FEI Numbe			Applie		
			Transaction .	59-334			\$8.75 Addition	oplicable nal	
	6 Nove and Address of Court D	01010000		5. Certificate	of Status Desired		Fee Required		
	6. Name and Address of Current Re	gistered Agent							
MATTIOLI, MILLIE 5621 WEST COLONIAL DRIVE			-	DO	NOT W	RIT		risa-q	
	D, FL 32808-7613			IN 7	THIS SP	ΔCI		hiji	
}								i yezh	
8. The above	e named entity submits this statement for t	he purpose of changing its regists	red office or registe	red agent or bo	th in the State of Flo	ida Lan	familiar with, and	accept	
the obliga	tions of registered agent.	-			a., a.o o		,		
SIGNATURE					<u> </u>	DATE		<u> </u>	
								·	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	S. Election Campaign Fina Trust Fund Contribution		.00 May Be led to Fees					
TITLE	OFFICERS AND DI	RECTORS							
NAME	MATTIOLI, MILLIE								
STREET ADDRESS CITY-ST-ZIP	5621 WEST COLONIAL DRIVE ORLANDO, FL 328087613							n e na Na Basi	
TITLE	TS		-				9 ² 023 150	ona Tara	
NAME STREET ADDRESS	MATTIOLI, FRANK 5621 WEST COLONIAL DRIVE						district Lilli		
CITY-ST-2IP	ORLANDO, FL 328087613								
TITLE		· · · · · · · · · · · · · · · · · · ·							
NAME STREET ADDRESS					NATW	DIT			
CITY-ST-ZIP				أأسأل المصالحات	NOT W	in i i t	1.45	سقه در د دور در	
TITLE NAME				IN	THIS SP	ACI	Sacondenia i vivo d	ili. Olove d	
STREET ADDRESS CITY-ST-ZIP									
TITLE						makifik Marini		ivi, mai	
NAME					rikidiliki Kunganili			dd Fal	
STREET ADDRESS City-St-Zip								stelbikis A.(A.S.(A.)	
TITLE	 					wick			
NAME	!		- ■ Pagilibilai (P)	SEE ES WEST					

12. I hereby certify that the information supplied with this filling 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: _

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED ON FIRSTED NAME OF SIGNING OFFICER OR DIRECTO

03-28-05

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