


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

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



Principal Place of Business  
5621 WEST COLONIAL DRIVE  
ORLANDO, FL 32808-7613

Mailing Address  
5621 WEST COLONIAL DRIVE  
ORLANDO, FL 32808-7613



02012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3340661

Applied For  
 Not Applicable

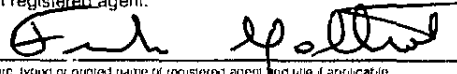
5. Certificate of Status Desired  \$8.75 Additional Fee Required

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 02-01-08

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

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

U00000818137  
02/15/08-80029-021 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE 02-01-08 DAYTIME PHONE # 407-207-9489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #