

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000086093

1. Entity Name  
WINGHOUSE OF FLORIDA, INC.



Principal Place of Business  
7491 ULMERTON RD  
B  
LARGO, FL 33771 US

Mailing Address  
7491 ULMERTON RD  
B  
LARGO, FL 33771 US

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**



04242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3472634

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KER, CRAWFORD  
7491 ULMERTON ROAD  
LARGO, FL 33771

**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 \_\_\_\_\_

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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME KER, CRAWFORD  
STREET ADDRESS 214 HARBORVIEW LN  
CITY-ST-ZIP LARGO, FL 33770

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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STREET ADDRESS  
CITY-ST-ZIP

U00000741507  
05/15/07-80031-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07

Date

727-535-2939

Daytime Phone #