

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000053718

Entity Name: WINGS ON THE GO, INC.

FILED  
Apr 30, 2004  
Secretary of State

## Current Principal Place of Business:

3012 NORTH 9TH AVENUE  
PENSACOLA, FL 32503

## New Principal Place of Business:

## Current Mailing Address:

3012 NORTH 9TH AVENUE  
PENSACOLA, FL 32503

## New Mailing Address:

FEI Number: 59-3517521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WORK, GARY  
1940 ST. MARY AVENUE  
PENSACOLA, FL 32501 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: THOMPSON, BRIAN K  
Address: 3014-A NORTH 9TH AVNEUE  
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete  
Name: MCLEMORE, JESSIE D  
Address: 3014-A NORTH 9TH AVENUE  
City-St-Zip: PENSACOLA, FL 32503

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN K THOMPSON

D

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date