


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90046 005 ***150.00

DOCUMENT # P98000053718	
1. Entity Name WINGS ON THE GO, INC.	

Principal Place of Business 3012 NORTH 9TH AVENUE PENSACOLA, FL 32503	Mailing Address 3012 NORTH 9TH AVENUE PENSACOLA, FL 32503
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40050414



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2 E Nine mile Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 4	
City & State		City & State Pensacola	
Zip	Country	Zip FL	Country 32534

03182008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent WORK, GARY 1940 ST. MARY AVENUE PENSACOLA, FL 32501		7. Name and Address of New Registered Agent Name Kathy E. Nelson, CPA Street Address (P.O. Box Number is Not Acceptable) 4771 Livingston Dr. City Pensacola FL Zip Code 32504	
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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 **Kathy E. Nelson, CPA** **Kathy E. Nelson, CPA** **3-18-08**
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEMORE, JESSIE D 3014-A NORTH 9TH AVENUE PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P McLemore, Jessie D. 2 E Nine Mile Rd. Ste 4 Pensacola, FL 32534 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Alice McLemore 2 E Nine Mile Rd Ste 4 Pensacola, FL 32534 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **3/19/08** **850-478-0849**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #