

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91024 040 ***150.00

DOCUMENT # P99000009866

1. Entity Name
BACON & WING, INC.



Principal Place of Business
**1555 FRUITVILLE
SARASOTA, FL 34236**

Mailing Address
**1555 FRUITVILLE
SARASOTA, FL 34236**

94081861



03192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0895657

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WING, THOMAS G
1555 FRUITVILLE RD
SARASOTA, FL 34236**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **BACON, ROBERT A**
STREET ADDRESS **1555 FRUITVILLE**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **D**
NAME **WING, THOMAS G**
STREET ADDRESS **1555 FRUITVILLE**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **D**
NAME **HARRITY, WILLIAM F JR**
STREET ADDRESS **1555 FRUITVILLE**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Thomas G. Wing **THOMAS G. WING**

Date

Daytime Phone #

4/22/04 941366 0635