2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000009866

1. Entity Name
BACON & WING, INC.

Principal Place of Business	Mailing Address
1555 FRUITVILLE SARASOTA, FL 34236	1555 FRUITVILLE SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

04262005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0895657	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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2005 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000351977 05/03/05-80009-013 150.00

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: _____   5/28/05   941 366 0635

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