.... 2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Feb 11, 2008 8:00 am **Secretary of State** DOCUMENT # P99000009866 1. Entity Name 02-11-2008 90057 041 ***150.00 BACÓN & WING, INC. Principal Place of Business Mailing Address 1555 FRUITVILLE 1555 FRUITVILLE SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302008 Chg-P CR2E034 (12/06) Applied For 4. FEI Number City & State City & State 65-0895657 Not Applicable \$8.75 Additional Fee Required Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KOBERT WING, THOMAS G Street Address (P.O. Box Number is Not Acceptable) 1555 FRUITVILLE RD SARASOTA, FL 34236 RUITVILLE 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 re-SIGNATURE_ (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change noithba TITLE Delete TITLE BACON, ROBERT A NAME NAME 1555 FRUITVI STREET ADDRESS STREET ADDRESS SARASOTA, F. 34236 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE 💢 Delete TITLE WING, THOMAS G NAME NAME STREET ADDRESS 1555 FRUITVILLE STREET ADDRESS CITY+ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE HARRITY, WILLIAM F JR NAME NAME STREET ADDRESS 1555 FRUITVILLE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 3#236 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of custee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED