

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90001 018 ***150.00

DOCUMENT # P99000046564

1. Entity Name
WINGS PLUS II OF PALM BEACH, INC.



Principal Place of Business
4455 SOUTH CONGRESS AVENUE
LAKE WORTH, FL 33461

Mailing Address
9880 W SAMPLE ROAD
CORAL SPRINGS, FL 33065

54064233



07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|--|---------------------------------------|
| 4. FEI Number 65-0976954 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

WALSH, BRIAN P
9880 W SAMPLE ROAD
CORAL SPRINGS, FL 33065

**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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|-----------------------|----------------------------------|
| TITLE | D |
| NAME | WALSH, BRIAN |
| STREET ADDRESS | 11196 NORTHWEST 5TH MANOR |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33065 |

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN WALSH 7/20/04 954 3457000

Date

Daytime Phone #