

# FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # *D99000048774*

1. Entity Name  
*Golden Wings 3 E's Academy Inc*  
*P.O. Box 1085*  
*Quincy FL 32353-1085*



FILED

06 MAY -1 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*1003 West Jefferson St*  
Suite, Apt. #, etc.

3. Mailing Address  
*1255 Redfield Road*  
Suite, Apt. #, etc.

*EP*

CR2E034B (8/05)

City & State  
*Quincy Florida*  
Zip  
*32351*  
Country  
*USA*

City & State  
*TAL Florida*  
Zip  
*32317*  
Country

4. FEI Number  
*8000 42140*

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*Mankeith McCanthy*  
Street Address (P.O. Box Number is Not Acceptable)  
*1255 Redfield Road*  
City  
*Tallahassee* FL Zip Code  
*32317*

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 *Mankeith McCanthy* *Mankeith McCanthy* *5/1/06*  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President / Tao Suang</i> <i>Mankeith McCanthy</i> <i>1255 Redfield Rd</i> <i>TAL FL 32311</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President / Secretary</i> <i>Veronica McCanthy</i> <i>1255 Redfield Rd</i> <i>TAL FL 32317</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Cynthia Timmer</i> <i>383 Broad Ave</i> <i>Gaithersburg FL 32332</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Board Member</i> <i>Antonio Anderson</i> <i>70 Equine Dr.</i> <i>Crawfordville FL 32327</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>100074861931</i> <i>05/19/06--01026--009 **150.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Mankeith McCanthy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #