

# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90335 049 \*\*\*150.00

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03312004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # S64123</b> 1. Entity Name - <b>WINGS 4 U, INC.</b>					
Principal Place of Business <b>5510 W LASALLE SUITE 200 TAMPA, FL 33607</b>			Mailing Address <b>400 N. ASHLEY DRIVE SUITE 2300 TAMPA, FL 33602 US</b>		
2. Principal Place of Business <b>210 S. Kings Ave</b> Suite, Apt. #, etc.			3. Mailing Address <b>210 S. Kings Ave</b> Suite, Apt. #, etc.		
City & State <b>Brandon, FL</b> Zip <b>33511</b> Country <b>USA</b>		City & State <b>Brandon, FL</b> Zip <b>33511</b> Country <b>USA</b>		4. FEI Number <b>59-3086375</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MELLODY, JEANNETTE 5510 W LASALLE SUITE 200 TAMPA, FL 33607</b>			7. Name and Address of New Registered Agent Name <b>Jeanette Melody</b> Street Address (P.O. Box Number is Not Acceptable) <b>928 Hemmingway Circle</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33602</b>		
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 <u><i>J. Massaro</i></u> DATE <b>4-3-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MELLODY, JEANNETTE 5510 W LASALLE STE 200 TAMPA, FL 33607</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Jeanette Melody</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>928 Hemmingway Circle Tampa, FL 33602</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>J. Massaro</i></u> <b>J. J. MASSARO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4-3-04</b> Daytime Phone # <b>(813) 653-1548</b>		