

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723949

Entity Name: WING SOUTH, INC.**Current Principal Place of Business:**4130 SKYWAY DRIVE
NAPLES, FL 34112**Current Mailing Address:**COLLIER FINANCIAL, INC.
4985 TAMIAMI TRAIL E.
NAPLES, FL 34113 US**FEI Number:** 59-2528568**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HART, STEPHEN P
4985 E TAMIAMI TRAIL
NAPLES, FL 34113 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	GENOVESE, ROCCO
Address	4024 SKYWAY DRIVE
City-State-Zip:	NAPLES FL 34112

Title	PD
Name	MURRAY, DANIEL
Address	3976 SKYWAY DR
City-State-Zip:	NAPLES FL 34112

Title	D
Name	ETTER, ROBERT
Address	3940 SKYWAY DRIVE
City-State-Zip:	NAPLES FL 34112

Title	TD
Name	MARTEN, WILLIAM
Address	3880 SKYWAY DRIVE
City-State-Zip:	NAPLES FL 34112

Title	D
Name	ESCH, JAMES
Address	4138 SKYWAY DRIVE
City-State-Zip:	NAPLES FL 34112

Title	VPSD
Name	LEROY, TOM
Address	3965 SKYWAY DRIVE
City-State-Zip:	NAPLES FL 34112

Title	D
Name	SHAW, KENNETH
Address	4120 SKYWAY DR
City-State-Zip:	NAPLES FL 34112

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL MURRAY**PRESIDENT****04/28/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date