

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018647

Entity Name: WINGED WILDLIFE CONTROL, INC

Current Principal Place of Business:

3231 SW CRUMPACKER ST
PORT ST LUCIE, FL 34953

Current Mailing Address:

10380 SW VILLAGE CENTER DR. #353
PORT ST LUCIE, FL 34987 US

FEI Number: 04-3606440

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOZONE, DANIEL G
3231 SW CRUMPACKER ST
PORT ST LUCIE, FL 34953 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 P
Name BOZONE, DANIEL G
Address 3231 SW CRUMPACKER ST
City-State-Zip: PORT ST LUCIE FL 34953

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL BOZONE

PRESIDENT

02/10/2019

Electronic Signature of Signing Officer/Director Detail

Date