

**2014 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:**

PO BOX 766  
PALM CITY, FL 34991 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**

**01/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date