

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000011117

Entity Name: WING KING NINE INC.**Current Principal Place of Business:**5410 MURRELL ROAD
SUITE 101
ROCKLEDGE, FL 32955**Current Mailing Address:**5410 MURRELL ROAD
SUITE 101
ROCKLEDGE, FL 32955 US**FEI Number:** 83-3525191**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAKER, JOSEPH V
2419 ALICIA LANE
MELBOURNE, FL 32935 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	BAKER, JOSEPH V
Address	2419 ALICIA LANE
City-State-Zip:	MELBOURNE FL 32935

Title	VP
Name	NEWMAN, RONALD C
Address	2329 TREETOP COURT
City-State-Zip:	MELBOURNE FL 32934

Title	O
Name	GREENBERG, MITCHELL W
Address	1010 NORTH RIVERSIDE DRIVE
City-State-Zip:	INDIATLANTIC FL 32903

Title	O
Name	LOWMAN, JONATHAN D
Address	3030 ONTARIO CIRCLE E
City-State-Zip:	MELBOURNE FL 32935

Title	O
Name	HOVER, DAVID P
Address	3900 POSTRIDGE TRAIL
City-State-Zip:	MELBOURNE FL 32934

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: JOSEPH BAKER**PRESIDENT****03/25/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date