2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000051495

1. Entity Name
SARASOTA CROSSINGS SPIRITS, INC.

Principal Place of Business	Mailing Address
5503 FRUITVILLE RD. SARASOTA, FL 34232	5503 FRUITVILLE RD. SARASOTA, FL 34232

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04292006 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0455552
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BULVYDAS, DANIS
870 CEDAR CREST COURT
SARASOTA, FL 34232

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000559916
05/18/06-80017-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BUIVYDAS, ROMAS D
STREET ADDRESS	8395 SHADOW PINE WAY
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	TD
NAME	BUIVYDAS, DANIS
STREET ADDRESS	870 CEDARCREST CT
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	VPD
NAME	RICHARDSON, DAIVA M
STREET ADDRESS	3458 YONGE AVENUE
CITY-ST-ZIP	SARASOTA, FL 34235
TITLE	VPS
NAME	ANDRIRIUNAS, RICHARD
STREET ADDRESS	7003 43RD E COURT
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Richard Andriuniunas 4/29/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #