


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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**FILED**  
**Sep 08, 2008 8:00 am**  
**Secretary of State**

08-19-2008 90004 002 \*\*\*550.00

<b>DOCUMENT # 275863</b> 1. Entity Name <b>X Y Z LIQUOR, INC.</b>					
Principal Place of Business <del>807 N. FLORIDA AVE</del> <b>2109 DUMBARTON WAY</b> P.O. BOX 1714 LAKELAND FL 33801				Mailing Address <del>807 N. FLORIDA AVE</del> <b>NA</b> P.O. BOX 1714 LAKELAND FL 33801	
2. Principal Place of Business - No P.O. Box # <b>2109 DUMBARTON WAY</b> Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State		4. FEI Number <b>59-1110558</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>	
6. Name and Address of Current Registered Agent <b>AUGER, SHERMAN</b> <del>807 N. FLORIDA AVE</del> <b>1802 SANDY KNOLLS</b> <b>LAKELAND FL 33801</b> <b>33813</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1802 SANDY KNOLLS CIRCLE</b> City <b>FL</b> Zip Code <b>33813</b>	
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 <u><i>Sherman M Auger</i></u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered agent signature required when reinstating)</small>				DATE <b>8-8-08</b>	
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 3, 2008</b> <b>Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		9. Election Campaign Financing, Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>PSD</b> <b>AUGER, SHERMAN M</b> <b>1805 BARTOW RD STE 3</b> <b>LAKELAND FL 33801</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>PSD</b> <b>SHERMAN AUGER</b> <b>1802 SANDY KNOLLS CIRCLE</b> <b>LAKELAND FL. 33813</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date _____ Daytime Phone # _____	