


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 628917	
1. Entity Name BEACHCOMBER LIQUORS, INC.	

Principal Place of Business 8475 MANASOTA KEY RD. ENGLEWOOD, FL 34223	Mailing Address 8475 MANASOTA KEY RD. ENGLEWOOD, FL 34223
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06292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1928988	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNGER, FRANK I
8475 MANASOTA KEY RD.
ENGLEWOOD, FL 34223

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD UNGER, JUNE M 8475 MANASOTA KEY RD ENGLEWOOD, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UNGER, FRANK I 8475 MANASOTA KEY RD ENGLEWOOD, FL 00000,
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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 exemption stated in Section 19.07(3)(f), 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: Frank I. Unger Frank I. Unger 6/29/05 941-468-2695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #