


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 737719 1. Entity Name WINE AND SPIRITS DISTRIBUTORS OF FLORIDA, INC.	
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Principal Place of Business 215 S MONROE STREET 800 A TALLAHASSEE, FL 32301 US	Mailing Address 215 S MONROE ST 800 A TALLAHASSEE, FL 32301 US
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04182006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-0547120	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ASHLEY, SCOTT T
215 S MONROE ST
800 A
TALLAHASSEE, FL 32301

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ASHLEY, SCOTT T
STREET ADDRESS	215 S MONROE ST # 800 A
CITY-STATE-ZIP	TALLAHASSEE, FL 32301

TITLE	SD
NAME	DAVOLIO, JOSEPH
STREET ADDRESS	3700 COMMERCE PKWY
CITY-STATE-ZIP	MIRAMAR, FL 33025

TITLE	D
NAME	ROSENBERG, HERBERT J
STREET ADDRESS	ONE NATIONAL DR SW
CITY-STATE-ZIP	ATLANTA, GA 30336

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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05/02/06-80127-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott T. Ashley 4/18/06 (\$50) 681-8700

Date

Daytime Phone #