


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G50409</b>	
1. Entity Name REDINGTON BEACH LIQUORS, INC.	

Principal Place of Business	Mailing Address
% JAMES V. BALDANZA 16901 GULF BLVD NORTH REDINGTON BEACH, FL 33708 US	% JAMES V. BALDANZA 16901 GULF BLVD NORTH REDINGTON BEACH, FL 33708 US



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2345351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
BALDANZA, JAMES V. 16901 GULF BLVD N REDINGTON BEACH, FL 33708

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

000000226461  
02/12/05-80017-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BALDANZA, JAMES V. 17023 DOLPHIN DRIVE N REDINGTON BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BALDANZA, VERONICA T. 17023 DOLPHIN DRIVE N REDINGTON BCH, FL
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**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #