


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # H70144 1. Entity Name MELVA NEWBY LIQUORS, INC.	
---	---

Principal Place of Business C/O MELVA NEWBY 8711 THOMAS DR PANAMA CITY BEACH, FL 32408-4001	Mailing Address C/O MELVA NEWBY 8711 THOMAS DR PANAMA CITY BEACH, FL 32408-4001
--	--



03142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2574341	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

NEWBY, MELVA
8711 THOMAS DR
PANAMA CITY BEACH, FL 32407

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

FILE NOW!!! FEE is \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000089854 03/16/04-80005-020 150.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT NEWBY, MELVA 8711 THOMAS DR PANAMA CITY, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NEWBY, CHARLOTTE 8711 THOMAS DR PANAMA CITY BEACH, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWBY, DAVID W 8711 THOMAS DR. PANAMA CITY, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Charlotte Newby Director 3-15-04 850-234-0842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #