

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90026 016 \*\*\*158.75

**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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2574341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NEWBY, MELVA  
8711 THOMAS DR  
PANAMA CITY BEACH FL 32407

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DVPT ☒ Delete  
NAME NEWBY, MELVA  
STREET ADDRESS 8711 THOMAS DR  
CITY-ST-ZIP PANAMA CITY FL 32408

TITLE DS ☐ Delete  
NAME NEWBY, CHARLOTTE  
STREET ADDRESS 8711 THOMAS DR  
CITY-ST-ZIP PANAMA CITY BEACH FL 32409

TITLE D ☒ Delete  
NAME NEWBY, DAVID W  
STREET ADDRESS 8711 THOMAS DR.  
CITY-ST-ZIP PANAMA CITY FL 32408

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME John Maveigh  
STREET ADDRESS 310 Greenwood Cr  
CITY-ST-ZIP Panama City Beh FL 32407

TITLE ☐ Change ☒ Addition  
NAME Kathy Haley  
STREET ADDRESS 3820 Treasure Cr  
CITY-ST-ZIP Panama City Beh FL 32408

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 - Charlotte Newby  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850

234 0843