2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 04, 2006 8:00 am Secretary of State DOCUMENT # H70144 1. Entity Name 04-04-2006 90142 010 ***158.75 MELVA NEWBY LIQUORS, INC. Principal Place of Business Mailing Address C/O MELVA NEWBY 8711 THOMAS DR PANAMA CITY BEACH FL 32408-4001 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. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2574341 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NEWBY, MELVA 8711 THOMAS DR PANAMA CITY BEACH FL 32407 City Ranama 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both n the State of Florida. I am familiar with, and accept the obligations of rediste red agent. SIGNATURE Signature, typed nted name of registered agent and tale (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME MC VELGH, JOHN STREET ADORESS 310 GREENWOOD CR STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH FL 32407 CITY-ST-ZIP TITLE DS ☐ Delete TITLE NEWBY, CHARLOTTE NAME NAME STREET ADDRESS 8711 THOMAS DR STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH FL 32409 CITY - ST - ZIP TUTU F ☐ Delete ☐ Addition ☐ Change NAME HALEY, KATHY NAME STREET ADDRESS STREET ADDRESS 3820 TREASURE CR CHTY-ST-ZIP PANAMA CITY FL 32408 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.