

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # J73130

1. Entity Name

FOUR SEASONS DISCOUNT LIQUORS, INC.



Principal Place of Business

FOUR SEASONS DISCOUNT LIQUORS
7800 W. HWY. 98A
PANAMA CITY BEACH FL 32407

Mailing Address

FOUR SEASONS DISCOUNT LIQUORS
7800 W. HWY. 98A
PANAMA CITY BEACH FL 32407



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2752740**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

MCVEIGH, JOHN B
308 GREENWOOD CIR
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, 2007 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 **P** ☐ Delete
NAME **NEWBY, CHARLOTTE**
STREET ADDRESS **7800 W HIGHWAY 98**
CITY- ST- ZIP **PANAMA CITY BEACH FL 32407**

TITLE **T** ☐ Delete
NAME **LONG, MICHELE**
STREET ADDRESS **631 LAGOON OAKS CR**
CITY- ST- ZIP **PANAMA CITY FL 32408**

TITLE **VP** ☐ Delete
NAME **HALEY, KATHY**
STREET ADDRESS **3820 TREASURE CIRCLE**
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 **000000638725**
STREET ADDRESS **02/27/07-80043-002 158.75**
CITY- ST- ZIP

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

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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 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.

SIGNATURE:

Charlotte Newby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charlotte Newby 2/12/07 850234 0843