## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J73130

Title:

Name:

Address:

City-St-Zip:

(X) Delete

3820 TREASURE CIRCLE

PANAMA CITY, FL 32408

HALEY, KATHY

Entity Name: FOUR SEASONS DISCOUNT LIQUORS INC.

FILED Apr 28, 2009 Secretary of State

Littly Na	IIIE. FOOR SLASONS DISCOON	LIQUORS, INC.
Current P	rincipal Place of Business:	New Principal Place of Business:
7800 W. H	ASONS DISCOUNT LIQUORS IWY. 98A CITY BEACH, FL 32407	
Current Mailing Address:		New Mailing Address:
7800 W. H	ASONS DISCOUNT LIQUORS IWY. 98A CITY BEACH, FL 32407	
FEI Number	: 59-2752740 FEI Number Applied	or ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	d Address of Current Registered	gent: Name and Address of New Registered Agent:
PANAMA The above	ÉNWOOD CIR CITY BEACH, FL 32407 US	t for the purpose of changing its registered office or registered agent, or both,
SIGNATU		
0.0	Electronic Signature of Regi	ered Agent Date
Election Ca	mpaign Financing Trust Fund Contributi	ı (  ).
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P ( ) Delete NEWBY, CHARLOTTE 7800 W HIGHWAY 98 PANAMA CITY BEACH, FL 32407	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete MOORE, MICHELLE 631 LAGOON OAKS CR PANAMA CITY, FL 32408	Title: VP (X) Change ( ) Addition Name: HALEY, KATHY Address: 3820 TREASURE CIRCLE City-St-Zip: PANAMA CITY BEACH, FL 32408

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLOTTE NEWBY P 04/28/2009

() Change () Addition