

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90070 012 ***550.00

DOCUMENT # J73888

1. Entity Name

EXECUTIVE LIQUORS AND LOUNGE, INC.



Principal Place of Business

3940 METRO PARKWAY #125
FT. MYERS FL 33916

Mailing Address

3940 METRO PARKWAY #125
FT. MYERS FL 33916

54068240



MOORE

CR2E034 (4/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2806156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LUFT, BRIAN W.
3940 METRO PARKWAY #125
FT. MYERS FL 33916

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 \$550.00
DUE BY September 8, 2004**

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PDS ☐ Delete
NAME LUFT, BRIAN W.
STREET ADDRESS 1901 SE 39TH ST
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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 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:

Brian W. Luft **BRIAN W. LUFT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-4

Date

239-939-1971

Daytime Phone #

Attachment 54068240
Doc # J73888

To Whom it may concern,

I think it was a
mean thing to change
your way of billing
to get more money.
This is a very hefty
penalty.

I know ignorance is
no excuse but for
years it was a letter
and notice not a
post card.

If you find it in
your heart to agree
our address is on our
check.

Thank you,
BRIAN LUFT