

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L77633 1. Entity Name CROSSINGS LIQUORS, INC. |  |
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|---|---|
| Principal Place of Business % CATHY FERNEY 232 HIDDEN BAY DR. # 602 OSPREY, FL 34229 | Mailing Address % CATHY FERNEY 232 HIDDEN BAY DR. # 602 OSPREY, FL 34229 |
|---|---|



02182007 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 65-0197383 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

8. Name and Address of Current Registered Agent

FERNEY, CATHY
232 HIDDEN BAY DR. # 602
OSPREY, FL 34229

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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 _____ DATE 03/02/07-80052-012 150.00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

DATE 03/02/07-80052-012 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | DPS |
| NAME | FERNEY, CATHY A |
| STREET ADDRESS | 232 HIDDEN BAY DR. #602 |
| CITY-ST-ZIP | OSPREY, FL 34229 |
| TITLE | DVT |
| NAME | ALBRITTON, MARYJANE |
| STREET ADDRESS | 4430 CAICOS CT. |
| CITY-ST-ZIP | SARSOTA, FL 34233 |
| TITLE | DV |
| NAME | LISKO, JANET |
| STREET ADDRESS | 7895 KAVANAUGH CT |
| CITY-ST-ZIP | SARASOTA, FL 34240 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Cathy Ferney (PRES) **CATHY FERNEY** **(PRES)** 2/18/07 941-918-2414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #