2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L97188

1. Entity Name
688 DISCOUNT LIQUORS, INC.

Principal Place of Business	Mailing Address
14590 WALSINGHAM RD. LARGO, FL 33774	14590 WALSINGHAM RD. LARGO, FL 33774

DO NOT WRITE IN THIS SPACE

01112005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3026831		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NIEWIAROWSKI, ANTONI W.
100 GULF BLVD.
BELLEAIR SHORES, FL 33786

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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_____

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, 2005 Fee will be $550.00

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

02/01/05-80061-017 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	NIEWIAROWSKI, ANTONI W.
STREET ADDRESS	100 GULF BLVD.
CITY-ST-ZIP	BELLEAIR SHORES, FL

TITLE	DST
NAME	NIEWIAROWSKI, WINCENTA
STREET ADDRESS	100 GULF BLVD.
CITY-ST-ZIP	BELLEAIR SHORES, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   01/24/05   (727) 596-89__

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #