

FILED
Mar 20, 2008 08:00 A
Secretary of State

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N44412		
1. Entity Name FLORIDA WINEFEST AND AUCTION, INC.		
Principal Place of Business 1991 MAIN ST 117 SARASOTA, FL 34236 US		Mailing Address P.O. BOX 4193 SARASOTA, FL 34230-4193 US
DO NOT WRITE IN THIS SPACE		
		02272008 No Chg-NP CR2E037 (4/06)
		4. FEI Number 65-0455486
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BAND, DAVID 240 S PINEAPPLE AVE SARASOTA, FL 34236		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOEVNER, SANDRA 1991 MAIN ST, STE 117 SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BARBERIO, ALLAN 1858 RINGLING BLVD SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCGILLICUDDY, DENNIS 5111 OCEAN BLVD., #C SARASOTA, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BAND, MYRNA 4100 FLAMINGO AVE SARASOTA, FL 34242	
TITLE 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 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 617, 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: <i>✓ Allan Barberio - TREASURER</i>		<i>✓ 3/16/08</i> <i>941 7654617</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone