

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000010766 1. Entity Name LIQUOR LICENSE MARKETPLACE, INC.																													
Principal Place of Business 4 ECLIPSE TRAIL ORMOND BEACH FL 32174			Mailing Address 4 ECLIPSE TRAIL ORMOND BEACH FL 32174																										
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 59-3621511				Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GARRISON, TOM W 4 ECLIPSE TRAIL ORMOND BEACH FL 32124			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">PSTD</td> <td style="width:10%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>GARRISON, TIM W</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4 ECLIPSE TRAIL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORMOND BEACH FL 32174</td> <td></td> </tr> </table>			TITLE	PSTD	☐ Delete	NAME	GARRISON, TIM W		STREET ADDRESS	4 ECLIPSE TRAIL		CITY-ST-ZIP	ORMOND BEACH FL 32174		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;"></td> <td style="width:10%; text-align: center;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		☐ Change ☐ Add	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 Section 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: *Tom W Garrison* 3/17/06 (386) 677-3785