2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2004
Secretary of State

DOCUMENT# P01000084910

Entity Name: CRUSH WINES, INC.

Current Principal Place of Business:

1724 NORTH PEARL STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

3630 PARK STREET
JACKSONVILLE, FL 32205

Current Mailing Address:

1724 NORTH PEARL STREET
JACKSONVILLE, FL 32206

New Mailing Address:

3630 PARK STREET
JACKSONVILLE, FL 32205

FEI Number: 59-3746202 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORREST, JEFFREY T
1724 N PEARL ST
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WARE, ERIKA
Address: 1724 N. PEARL ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: VD ( ) Delete
Name: FORREST, JEFFREY
Address: 1724 N. PEARL ST
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIKA WARE PD 02/07/2004

Electronic Signature of Signing Officer or Director — Date