

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084910

Entity Name: CRUSH WINES, INC.

FILED  
Mar 01, 2006  
Secretary of State

## Current Principal Place of Business:

3630 PARK STREET  
JACKSONVILLE, FL 32205

## New Principal Place of Business:

## Current Mailing Address:

3630 PARK STREET  
JACKSONVILLE, FL 32205

## New Mailing Address:

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:

KING, CARRIE A  
3654 HEDRICK STREET  
JACKSONVILLE, FL 32205 US

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: CARRIE KING

03/01/2006

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: PD (X) Change ( ) Addition  
Name: KING, CARRIE A  
Address: 3654 HEDRICK STREET  
City-St-Zip: JACKSONVILLE, FL 32205

Title: VD (X) Change ( ) Addition  
Name: FLORES, STEPHEN  
Address: 1757 INGLESIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CARRIE KING

PD

03/01/2006

Electronic Signature of Signing Officer or Director

Date