


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000097079	
1. Entity Name CURRY & WINE, INC.	
	
Principal Place of Business 1105A APALACHEE PARWAY TALLAHASSEE, FL 32301	Mailing Address 146 GLOVER LANE CRAWFORDVILLE, FL 32327

FILED

06 MAY -1 AM 10: 57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3750135	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BHARGAVA, BHUPENDRA N
146 GLOVER LANE
CRAWFORDVILLE, FL 32327**

**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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BHARGAVA, BHUPENDRA 146 GLOVER LANE CRAWFORDVILLE, FL 32327
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**200075027252
05/22/06--01035--005 **150.00**

**DO NOT WRITE
IN THIS SPACE**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BHUPENDRA BHARGAVA

4/26/06

Date

850-656-7200

Daytime Phone #