

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000047304

1. Entity Name
OKLAWAHA LIQOURS INC



Principal Place of Business

13520 EAST HWY 25
P.O.BOX 1010
OKLAWAHA, FL 32183

Mailing Address

13520 EAST HWY 25
P.O.BOX 1010
OKLAWAHA, FL 32183

DO NOT WRITE IN THIS SPACE



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number
82-0563909

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUPNARAIN, MUNIE R
9982 HWY 464C
OKLAWAHA, FL 32179

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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

U00000540453
05/10/06-80018-015 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RUPNARAIN, MUNIE R
STREET ADDRESS	9982 HWY 464C
CITY-ST-ZIP	OKLAWAHA, FL 32179
TITLE	S
NAME	TULSIDEI, RUPNARAIN
STREET ADDRESS	9982 HWY 464C
CITY-ST-ZIP	OKLAWAHA, FL 32179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

Date

Daytime Phone #