

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000051495

FILED
Apr 05, 2007
Secretary of State

Entity Name: SARASOTA CROSSINGS SPIRITS, INC.

Current Principal Place of Business:

5503 FRUITVILLE RD.
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

5503 FRUITVILLE RD.
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 03-0455552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUIVYDAS, ROMAS D
8395 SHADOW PINE WAY
SARASOTA, FL 34238 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: P () Delete
Name: BUIVYDAS, ROMAS D
Address: 8395 SHADOW PINE WAY
City-St-Zip: SARASOTA, FL 34238

Title: TD () Delete
Name: BUIVYDAS, ALDONA M
Address: 5503 FRUITVILLE RD.
City-St-Zip: SARASOTA, FL 34232

Title: VPD () Delete
Name: RICHARDSON, DAIVA M
Address: 3458 YONGE AVENUE
City-St-Zip: SARASOTA, FL 34235

Title: VPS () Delete
Name: ANDRIRIUNAS, RICHARD
Address: 7003 43RD E COURT
City-St-Zip: SARASOTA, FL 34243

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: BUIVYDAS, ALDONA M
Address: 870 CEDARCREST COURT
City-St-Zip: SARASOTA, FL 34232

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

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

Title: VPD () Change (X) Addition
Name: JOUNIARI, RUA
Address: 3144 IRVING STREET
City-St-Zip: SARASOTA, FL 34237

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: ROMAS BUIVYDAS

P

04/05/2007

Electronic Signature of Signing Officer or Director

_____ Date