

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000070776

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** CHARLYN RAINVILLE-ACQUISITIONS/WINE CELLAR, INC.

**Current Principal Place of Business:**

39B CORDOVA ST.  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 840010  
ST. AUGUSTINE, FL 320800010

**New Mailing Address:**

**FEI Number:** 22-3859097      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAINVILLE, CHARLYN  
6 D STREET  
ST. AUGUSTINE, FL 32080      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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** RAINVILLE, CHARLYN  
**Address:** 6 D STREET  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

**Title:** ASS  
**Name:** KEPNER, EUGENIA  
**Address:** 133 MORGAN AVE.  
**City-St-Zip:** ST. AUGUSTINE, FL 32084

**Title:** ASS  
**Name:** MCNALLY, JEFFREY  
**Address:** 133 MORGAN AVE.  
**City-St-Zip:** ST. AUGUSTINE, FL 32084

**Title:** ASS  
**Name:** MCLENORE, PATRICIA  
**Address:** 19 PALMETTO  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: CHARLYN RAINVILLE

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

DIR

04/24/2012

\_\_\_\_\_ Date