

FILED
Jan 31, 2005 08:00 AM
Secretary of State

1. Entity Name
ABSOLUTE DISCOUNT LIQUOR & TOBACCO, INC.



Mailing Address
7603 SADDLE CREEK TRAIL
SARASOTA, FL 34241

DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number
51-0470679

Applied For
Not Applicable

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

DRAKE, J. KEVIN
1432 FIRST STREET
SARASOTA, FL 34236

**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 Miller Miller
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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

TITLE	PT
NAME	SCHALLER, JOHN
STREET ADDRESS	7603 SADDLE CREEK TRAIL
CITY-ST-ZIP	SARASOTA, FL 34241

TITLE	VPS
NAME	SCHALLER, MICHELE
STREET ADDRESS	7603 SADDLE CREEK TRAIL
CITY - ST - ZIP	SARASOTA, FL 34241

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000205625
01/31/05-20052-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 officers empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____