


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-05-2006 90167 029 ***150.00

DOCUMENT # P03000089311	
1. Entity Name BEACH WINES AND LIQUORS, INC.	

Principal Place of Business 5 VIA DE LUNA PENSACOLA BEACH, FL 32561	Mailing Address 5 VIA DE LUNA PENSACOLA BEACH, FL 32561
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DO NOT WRITE IN THIS SPACE

66013000



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1704219	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CHISHOLM, JOHN L JR
210 EAST GARDEN STREET
PENSACOLA, FL 32502**

**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 _____ (NOTE: Registered Agent signature required when registering) 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	D CHISHOLM, JOHN L JR 210 EAST GARDEN STREET PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GILBREATH, JERRY M 811 WEST 5TH STREET LAUREL, MS 39441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TEMPLE, ROBERT D 8853 MEADOWBROOK DRIVE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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

6-9-06

8504357499

Date Daytime Phone #