2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106720

MARDEN, CHASE

5202 THONOTOSASSA RD.

PLANT CITY, FL 33565

Name:

Address: City-St-Zip:

Entity Name: FLORIDA BERRY WINES, INC.

FILED Jun 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5202 THONOTOSASSA RD PLANT CITY, FL 33565 **Current Mailing Address: New Mailing Address:** 5202 THONOTOSASSA RD PLANT CITY, FL 33565 FEI Number: 42-1605675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KEEL, C. JOSEPH III 5202 THONOTOSASSA RD PLANT CITY, FL 33565 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPST () Delete () Change () Addition KEEL, C. JOSEPH III Name: Name: 5202 THONOTOSASSA RD Address: Address: City-St-Zip: PLANT CITY, FL 33565 City-St-Zip: Title: DV Title: () Change () Addition () Delete Name: KEEL C.J. JR. Name: 4045 HENDERSEN BLVD Address: Address: TAMPA, FL 33629 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: C. JOSEPH KEEL, III DPST 06/16/2009