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Secretary of State

01-24-2005 90040 034 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000134324

1. Entity Name
XYZ LIQUOR #6, INC.

66002686

01102005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1348 EDGEWATER BEACH DR. LAKELAND, FL 33805	1348 EDGEWATER BEACH DR. LAKELAND, FL 33805

2. Principal Place of Business	3. Mailing Address
XYZ Liquor #6 Inc	P.O. Box 3141
Suite, Apt. #, etc.: 807 N. Florida Av	Suite, Apt. #, etc.:
City & State: Lakeland Fl	City & State: Lakeland Fl
Zip: 33801 Country: USA	Zip: 33802 Country: USA

4. FEI Number: 20-1653017 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AUGER, MARGARET A
1348 EDGEWATER BEACH DR
LAKELAND, FL 33805

7. Name and Address of New Registered Agent

Name: Sherman M. Auger
Street Address (P.O. Box Number Is Not Acceptable): 807 N. Florida Ave
City: Lakeland FL Zip Code: 33801

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: [signature] Sherman M. Auger DATE: 1/14/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: AUGER, MARGARET A STREET ADDRESS: 1348 EDGEWATER BEACH DR. CITY-ST-ZIP: LAKELAND, FL 33805	☑ Delete	TITLE: President NAME: Sherman M. Auger STREET ADDRESS: P.O. Box 3141 CITY-ST-ZIP: Lakeland, Fl 33802	☑ Change ☐ Addition
TITLE: D NAME: CANNING, DONNA A STREET ADDRESS: 1348 EDGEWATER BEACH DR. CITY-ST-ZIP: LAKELAND, FL 33805	☑ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Sherman M. Auger 1/14/05 863-944-0652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #