

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000134324

Entity Name: XYZ LIQUOR #6, INC.

FILED
Oct 26, 2005
Secretary of State

Current Principal Place of Business:

807 N FLORIDA AVE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

PO BOX 3141
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 20-1653017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUGES, SHERMAN M
807 N FLORIDA AVE
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

AUGER, SHERMAN M
807 N FLORIDA AVE
LAKELAND, FL 33801 US

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: /S/ SHERMAN M. AUGER

10/26/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AUGER, SHERMAN M
Address: PO BOX 3141
City-St-Zip: LAKELAND, FL 33802

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: AUGER, MARGARET A
Address: 1348 EDGEWATER BEACH DRIVE
City-St-Zip: LAKELAND, FL 33805

Title: D () Change (X) Addition
Name: CANNING, DONNA A
Address: 1348 EDGEWATER BEACH DRIVE
City-St-Zip: LAKELAND, FL 33805

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

SIGNATURE: /S/ MARGARET A. AUGER

D

10/26/2005

Electronic Signature of Signing Officer or Director

Date