


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000134324</b> 1. Entity Name XYZ LIQUOR #6, INC.	
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Principal Place of Business 807 N FLORIDA AVE LAKELAND, FL 33801	Mailing Address PO BOX 3141 LAKELAND, FL 33802
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1653017	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
AUGER, SHERMAN M 807 N FLORIDA AVE LAKELAND, FL 33801	

<b>DO NOT WRITE IN THIS SPACE</b>
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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 Sherman M. Auger DATE 1/13/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	01/31/06-80027-001 150.00
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10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	AUGER, MARGARET A	
STREET ADDRESS	1348 EDGEWATER BEACH DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	D	
NAME	CANNING, DONNA A	
STREET ADDRESS	1348 EDGEWATER BEACH DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: Donna A. Canning DATE 1/13/06 863-944-0652  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR