

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90041 011 ***150.00

DOCUMENT # P04000134324

1. Entity Name
XYZ LIQUOR #6, INC.



Principal Place of Business
807 N FLORIDA AVE
LAKELAND, FL 33801

Mailing Address
PO BOX 3141
LAKELAND, FL 33802

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

01182008 Chg-P CR2E034 (12/06)

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, SHERMAN M
807 N FLORIDA AVE
LAKELAND, FL 33801

7. Name and Address of New Registered Agent

Name Sherman Auger
Street Address (P.O. Box Number is Not Acceptable)

1802 Sandy Knoll Circle
City Lakeland FL Zip Code 33813

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 [Signature] 1/20/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME AUGER, MARGARET A
STREET ADDRESS 1348 EDGEWATER BEACH DRIVE
CITY-ST-ZIP LAKELAND, FL 33805

TITLE D ☒ Delete
NAME CANNING, DONNA A
STREET ADDRESS 1348 EDGEWATER BEACH DRIVE
CITY-ST-ZIP LAKELAND, FL 33805

TITLE D ☐ Delete
NAME Sherman Auger
STREET ADDRESS 1802 Sandy Knoll Circle
CITY-ST-ZIP Lakeland, FL 33813

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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] Sherman M. Auger D. 1/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40014240



862-944-0452