## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000140914

FILED Aug 11, 2005 Secretary of State

Entity Name: RIVER SPRINGS LIQUOR AND WINE, INC.						
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
13395 FISHWAWK BLVD LITHIA, FL 33547				13395 FISHAWK BLVD LITHIA, FL 33547		
Current M	lailing Addres:	s:	New Mailing Address:			
13395 FISHWAWK BLVD LITHIA, FL 33547				13395 FISHAWK BLVD LITHIA, FL 33547		
FEI Number:	: 20-1738485	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
3150 SANI	RATE USA, INC DY RIDGE DR ATER, FL 3376					
	named entity s of Florida.	ubmits this statement for the	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR		O Desirence de A			Dete	
In accordance		c Signature of Registered Ac (2)(b), F.S., the corporation did r		•	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).	•			
OFFICERS	S AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () LA BARBERA, M 289 LYNDALE A STATEN ISLAND	VE	Title: Name: Address: City-St-Zip:	LA BARBERA 5 CHESHIRE		
Title: Name: Address: City-St-Zip:	LA BARBERA, G	MEADOW LANE	Title: Name: Address: City-St-Zip:	LA BARBERA	AN MEADOW LANE	
Title: Name: Address: City-St-Zip:	ST (X) LA BARBERA, M 5 CHESHIRE PL STATEN ISLAND	ACE	Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
Title: Name: Address:	D (X) LA BARBERA, J 3006 7TH AVE. 0		Title: Name: Address:	(	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: MARIANNE LA BARBERA Ρ 08/11/2005

BRADENTON, FL 34208

City-St-Zip: