

**2006 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000158749

1. Entity Name
ABSOLUTE LIQUOR OF CHARLOTTE, INC.



Principal Place of Business
12781 S TAMiami TRAIL
NORTH PORT, FL 34287

Mailing Address
12781 S TAMiami TRAIL
NORTH PORT, FL 34287



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1954379

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DRAKE, J KEVIN
1432 FIRST STREET
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
NAME SCHALLER, JOHN E
STREET ADDRESS 7603 SADDLE CREEK TRAIL
CITY - ST - ZIP SARASOTA, FL 34241

TITLE D
NAME SCHALLER, MICHELE M
STREET ADDRESS 7603 SADDLE CREEK TRAIL
CITY - ST - ZIP SARASOTA, FL 34241

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03/11/06-80004-006 150.00

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IN THIS SPACE**

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: *Michele Schaller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-04 941-7433337
Date Daytime Phone #